

Feeding the Family: Exploration of Mothers' Experiences and Practice

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Dedication

This PhD is lovingly dedicated to my mother Rose Coen who laid its foundations in her way of being in the world

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ABSTRACT

A mother's practice of feeding the family is viewed as risk behaviour in published health literature where the dominant research interest lies in its pathogenic potential in the aetiology of Child Obesity. Mothers' 'participative knowledge' of their practice, which is their lived experience as known and given meaning by them, is absent from this literature. The aim of the thesis is to address this gap in knowledge and reflect upon its significance for health promotion.

The exploration of mothers' family feeding practices was conducted by means of a Co-operative Inquiry (Heron, 1996) which I adapted as a community participatory research study with a core group of 13 volunteer mothers. This community of mothers from a former mining community in the NW of England became in time my co-researchers in the investigation of what feeding the family entailed and meant for them.

There are two phases of the inquiry. In Phase 1, methods were developed to enable mothers to collect data and to engage in reflection and dialogue so as to describe and explain their practice. In Phase 2, the Inquiry process was directed towards empowering mothers to engage in transformative experiential learning. Findings at the end of Phase 1 highlighted that the mothers' routine practices often exposed their children to risk factors linked to childhood obesity. It also identified that their reality and lived experience systematically exposed mothers to social injustice that had the potential to undermine their health. At the end of Phase 2 however, new insights into the potential meaning of their practice, led the mothers to make changes in family feeding; and to transform an alienating environment into an empowering experience of true community. The author reflects and discusses the inquiry and its findings by drawing upon theories of knowledge, practice and health; and empirical evidence of risk factors in health inequalities.

This study extends the body of knowledge about family feeding with insights into the participative reality of mothers' practice. The Author recommends health research should embrace new theoretical frameworks for inquiry with mothers to develop a more socially just knowledge of their practice that can empower both mothers and community.

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INTRODUCTION

Mothers' Family Feeding Practice: My Professional Interest

Child Obesity is a disease resulting from an energy imbalance that is associated with family diet. It is also a child health inequality that is entrenched and resistant to change in deprived areas such as Parr, a former mining community in which I worked as a health professional and manager of a Sure Start Children's Centre, the site of this research. Recent reductions in national rates of child obesity between 2011- 2014 (Lifestyles Statistics Team, 2014) are a consequence of reductions among the least deprived children. As such, they mask the ongoing escalation of obesity among children living in the most deprived areas, where for those in year 6, it has risen at a rate of around 0.3% per year over the past four years (National Obesity Observatory, 2014). Despite strategic targeting of services and resources to those considered most vulnerable, child obesity prevalence among children living in the 10% most deprived areas around the country is nearly twice that for children living in the least deprived 10% of areas, and increases in a near linear fashion between these extremes (National Obesity Observatory, 2013).

The prevalence of child obesity in Parr will over time, contribute to the perpetuation of total child and adult health inequalities in the community. Obese children are more likely to be ill, be absent from school due to illness, experience health-related limitations and require more medical care than normal weight children (Wijga et al., 2010). As adults, they are more likely to become obese and have a higher risk of morbidity, disability and premature mortality (Lifestyles Statistics Team, 2014).

Foresight (2008:16) identified 103 risk variables associated with child obesity risk that are mechanistically connected to energy imbalance via food consumption or exercise levels and energy expenditure. It recommended that health initiatives should focus on influencing variables most closely related to diet and exercise. For the last decade, preventive child obesity strategies since Choosing Health (Department of Health, 2004) including 5ADay campaign, Fit4Life and Healthy

Start have aimed to promote and enable healthy family food choices and healthy lifestyle. Despite these initiatives, the overall purchase of fruit and vegetables has fallen in England between 2009 and 2012 even though a greater percentage of family budgets are now spent on fruit and vegetables. There is evidence of a significant upward trend in household expenditure on low nutrition high calorie foods such as fats and oils, butter, sugar and preserves, fruit and fruit juice, soft drinks and beverages (Lifestyles Statistics Team, 2014).

Current health strategies are based upon a mechanistic understanding of mothers' family feeding practice that pertain to calorie provision in food, and in deprived areas where child obesity is prevalent, to provision of excess calories to children. Strategies derived from this perspective of family feeding have failed to reduce obesity among children who are most in need; or to sufficiently improve family diets and lifestyles. It is now essential for society to gain a more comprehensive understanding of what mothers' family feeding practice entails for a mother; and in the context of deprivation, why current practice is more meaningful to mothers than health promotion advice for change.

Sure Start Parr Children's Centre (Site of the Research) and the Local Community

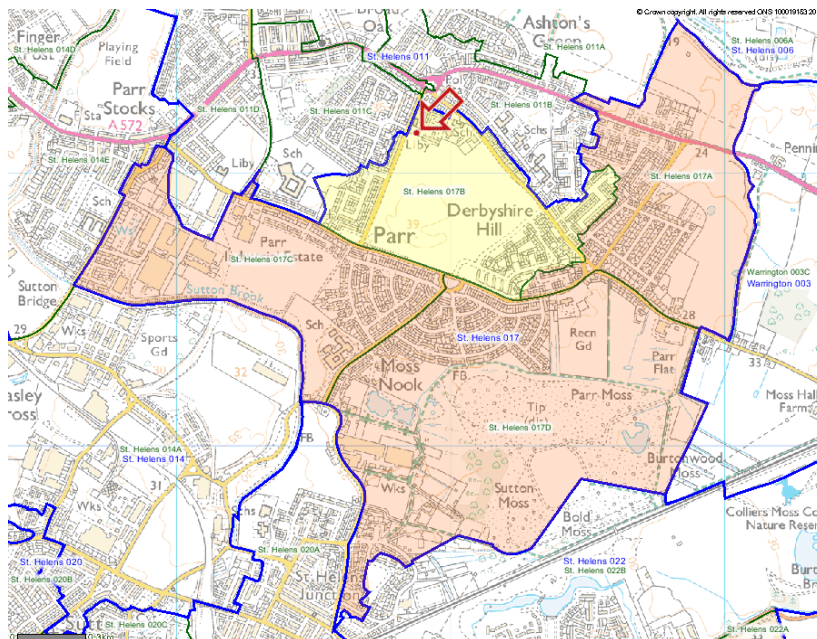


Figure 1: Site of the Research

Sure Start is part of the UK Government Initiative to reduce the impact of deprivation on the lives of children. My professional background is in nursing and health visiting, and during this research, I worked as the Manager of a Sure Start Children's Centre which was the site of the research (see Figure 1). This centre serves a former mining community in the North West of England that is situated in the top 1% of neighbourhood deprivation (ONS, 2014).

Reducing child obesity is one of the key target areas for children's centres. This placed me as a manager of health and family support services, at the interface between preventative strategies and services intended to support change and the day to day lives of people living in deprived circumstances. It gave me first-hand knowledge of the inter-connectedness between the social determinants of health and health inequalities in families and the local community. A report on the social determinants and health status of the area compiled by the author in 2010 is available in Appendix 3. It reveals that more than 44% of children in the community lived below the poverty line in workless households. This level was above the St Helens average of 25.42% and more than twice that of England: 20.78 % (SHARE, 2012, SHARE, 2014). Among children age 0-5 years in 2011 -12, more than 33% lived in lone parent households (Information provided to the children's centres by St Helens LA Information Office).

Lone parenthood is associated with an increased likelihood of family poverty (National Statistics, 2013). High levels of poverty among children can reflect both family structure and the overall low levels of adult skills in a community which reduces employability. In the Parr Ward, the percentage of people over 16 years having no accredited qualification (42%) is almost twice the average of that across England (22%); and unemployment in Parr is 8.58%, almost double the national level of 4.3% (SHARE, 2014). An analysis of data on benefits claimants shows 2.4% of the working age population in Parr are unable to work owing to mental health conditions in comparison to 1.42% in St Helens and 0.93% in England (SHARE, 2014). The high proportion of people claiming Incapacity Benefit in Parr for mental health reasons, concurs with epidemiological reports of higher levels of

mental health problems in deprived areas reported by Foresight (2008); and with higher levels of mental health concerns that are consistently noted by health professionals in the area. Poor mental health is a determinant that is consistently associated with unemployment, less education, low income or material standard of living, poor physical health and adverse life events (WHO, 2000, Patel, 2005). The extreme health deprivation in Parr is revealed in low life expectancy which is 71.32 years for men and 76.75 years for women. Men and Women in more affluent areas of St Helens live respectively 11.5 and 8.5 years longer than those living in the deprived area of Parr (SHARE, 2014)

The health and social deprivation in the local community is inevitably reflected in the health and wellbeing of local children. This is made evident in Local Authority published reports of area level data which I have collected as a Children's Centre Manager. Based upon categories of need described in the St Helens Welfare Continuum (health, education and social care descriptors), the reports revealed that 33% of Parr Children age 0-4 years, are likely to require more than universal levels of support owing to their adverse individual and family situations.

Child Obesity

Rates of obesity among reception age children in Parr have declined from 18% in 2009 to 8% in 2011-12. Risk of child obesity increases with child age however (National Obesity Observatory, 2013), and in year 6, the percentage of children in Parr who are obese stands at 25% in comparison to lower rates of 19.7% in St Helens and 19.2% across England (SHARE, 2014). The gap between rates of child obesity in Parr and the average rates across St Helens and England is escalating (SHARE, 2014), and this reflects the national picture of an entrenched higher prevalence among children living in the most deprived areas around the country (National Obesity Observatory, 2013). It evidences a widening health equity gap (Hancock et al., 2013) and reducing such inequalities, according to Marmot (2010), is a matter of social justice.

My Academic Interest and Knowledge about Mothers' Family Feeding Practice

I felt inspired to embark on this thesis in 2008 when an opportunity for a funded PhD was made available by Liverpool John Moores University to further explore findings that arose from my MSc. Dissertation: Understanding Risk of Child Obesity (Kennedy, 2007 Unpublished). In focus group discussions with mothers in 2007, I found they had good knowledge of healthy eating issues and of the health risks associated with obesity. They stated they wanted their children to have healthy diets but in practice however, they provided high calorie, low nutrient family meals. The dissonance between their health knowledge, stated intentions and practical actions was apparent. This study revealed that the local family food environments were obesogenic; but it failed to explain why. Poverty and restricted access to fresh food are sometimes suggested as reasons for the association between child obesity and deprivation. The mothers in the focus groups however, had been to the supermarket, and already spent money to purchase fresh vegetables, yet they had left them to rot unused in the fridge. In my conversations with the mothers, I intuited that although they said they wanted to change to more healthy family diets, and could not easily explain why they had not, they felt their family feeding practice was justified and in keeping, with some local norm of good mothering. The apparent cognitive dissonance between the mothers' explicit health knowledge and stated intentions and their actions, seemed to indicate that other knowledge, perhaps only tacitly known to the mothers, made sense of their practice.

As will be outlined in the literature review, what is currently known about mothers' practice of feeding the family in published literature is largely derived from third party health research in which it is viewed as behaviour. Health strategies for family feeding improvements derived from such research are consequently based upon a third party perspective of family feeding practice rather than that of mothers. When I reflected upon this, I recognised that Public Health theory and strategy as I understood it as a Health Practitioner, was based upon an understanding of deficit: deficits in health as a result of deficits in one or multiple variables that are composite of good health. The variable most under scrutiny is

lifestyle behaviour and my job as a manager was to deliver support services to families in which parenting, lifestyle and health behaviours seemed to pose most risk to children's wellbeing. My aim was to support mothers to make, what would ultimately be corrective changes, to current practices that fell below the standards necessary to provide a good environment for children. The children's centre services are intended to supportively make good, mothers' deficits in knowledge, deficits in cooking skills, deficits in motivation etc. through the intermediary of third party interventions guided by trained professionals.

My professional world was shaped by specific health promotion strategies developed out of policy documents such as Choosing Health (Department of Health, 2004, 2005b, 2005a, 2007, 2008a, 2011a, Department for Education, 2010); which in turn was shaped by health research, which in turn is funded by the government. It struck me on reflection, that the knowledge we use to support mothers, is cascaded down from government and research bodies with a particular, **their own**, agenda in mind. As succinctly explained by Brechin (1993:73):

“Research tends to be owned and controlled by researchers, or by those who, in turn, own and control the researchers. Those who remain powerless to influence the processes of information gathering, the identification of truth, and the dissemination of findings are usually the subjects of the research, those very people whose interests the research may purport to serve.”

Strategies to promote healthy family feeding (Department of Health, 2004, 2005b, 2005a, 2007, 2008a, 2011a, Department for Education, 2010) are derived from third party research owned and controlled by the researchers who in turn are influenced in their approach by what research funding is made available by government. The critique of health promotion from the perspective of their reliance on third party research is presented in the theory section of the thesis.

A Gap in Knowledge

My first-hand knowledge of the mothers who took part in the focus groups and of others in the community is that while they are not well educated or trained professionals, they are far from irrational. Their current practice, even if they cannot explain or justify it when put on the spot in focus groups, must make sense to them in their individual and community circumstances. If this is the case, then exerting pressure to bring about improving the way they feed their families, while ignorant of the meaning that current practices hold for them, can potentially turn health interventions into a series of coercions (Murphy, 2003). The participative reality of mothers feeding young children in a deprived area, that is, the tacit and explicitly known feelings and emotions engendered in experience, given meaning by mothers, and expressed in their family feeding practice, is a gap in the body of knowledge about family feeding. A better understanding of this will bring insights into the wider influencing context of a mother's practice. Health strategies provide mothers with information so they can make informed and reasoned choices about family feeding, but to date, they have failed to bring about the hoped for changes. This thesis is concerned with gaining a better understanding of the experiences of practice and the knowledge derived from it, which compels mothers to continue with current practice rather than follow health advice for change.

Aims and Objectives of the Research

The aim of the research is to extend the body of knowledge about mothers' family feeding by bringing to it insights into mothers' participative knowledge of their practice in a deprived area. My objectives are twofold: to undertake an inquiry with mothers as researchers of their own practice and experience; and to reflect upon the significance of the inquiry and its outcomes for health.

The Methodology

To explore the participative reality of mothers' family feeding practice, I adopted Co-operative Inquiry (Heron, 1996) as a methodology in which to engage a core group of 13 volunteer mothers to explore what feeding the family entailed for them, and to produce descriptions and explanations about what they do, and what meaning it holds. The methodology of co-operative inquiry in which participants reflect upon their experience and give congruent expressions to the different ways in which they know it, is a process of meaning making (Bray et al., 2000). As mothers' meanings were what I wanted to understand, from an epistemological perspective, co-operative inquiry seemed a most appropriate research strategy. Its axiology of democratic and empowering knowledge creation also appealed to me as it seemed fair; and would potentially provide insights useful to the mothers. Mothers' research into their own practice has not yet been reported upon in health literature and this study marks a departure from current research approaches to family feeding.

The Development of Method

My role as the inquiry facilitator was to empower participants to fully engage in the process of data collection, reflection and dialogue about the topic: Practice of Feeding the Family, with a focus on areas of interest to them. Facilitation involves three types of empowerment: cognitive, political, and emotional empowerment of participants (Heron, 1996) which meant I took on the following four areas of responsibility. Firstly the collaborative development of methods of inquiry appropriate for researching the topic. Secondly, ensuring participants understood and could make use of the method so they could have ownership of it (cognitive empowerment). Thirdly, ensuring all participants got the opportunity to contribute their data, engage in dialogue and participate in decision making through use of democratic processes (political empowerment). Finally, ensuring participants felt free and able to contribute by creating a safe environment and warm, friendly and encouraging relationships between participants (emotional empowerment).

The Methodology of Co-operative Inquiry rests upon a particular theory of knowledge: an extended epistemology (Heron, 1996), which posits that there are four forms of knowing anything: feelings and emotions; recognition of it in patterns and images; and expression of it in concepts; and in meaningful action. Valid knowledge is when all four forms are congruent with each other and lead to our flourishing as human beings. Methods that develop in an inquiry are intended to enable participants to collaboratively express the feelings and emotions they experience in the execution of their practice, and to reflect upon whether they are consistent with how they understand their practice; and if not, what changes are required to make them more congruent and more likely to promote the wellbeing of all involved.

In this study, the participants, like those noted by Belenky (1988), were more used to valuing received knowledge and consequently were reluctant to speak about themselves. They had little experience of critical reflection or of speaking to a group. In this context, the co-operative inquiry method was developed over time, as strategies for progressively empowering the mothers' increased participation in the process. The methods are variously titled: Use of a Presence Matrix; The Investigative Reflective Process (IRP); Reflection on Creative Art Work; and The Living Method of Participation. They are presented and critiqued in the methodology section of the thesis. These methods form part of the legacy of the inquiry as they will likely be of use to others working to promote empowering participation in health in a deprived community.

The Process of the Inquiry

The inquiry which spread across 18 months of initial twice weekly, and later once weekly meetings with mothers, consisted of two phases. Phase 1 is an Informative Inquiry in which the mothers engaged in experiential learning to describe and explain family feeding practice and what meanings it holds for them. Phase 2, is a Transformative Inquiry in which mothers engaged in transformative experiences that facilitated them to discern potential new meaning in their practice and new

relationships with children and others they encounter in practice, and to actualise those meanings individually and as a group.

The Limitations of a Co-operative Inquiry approach in Health Research

The limitations of a co-operative Inquiry as a form of health research is acknowledged by the author from the outset of the thesis. Co-operative inquiry is intended to be driven by the interest and understanding of participants, and as such, it may not generate reportable knowledge of interest to health research. My use of the co-operative inquiry process as a form of health research is therefore an experimental one. My ethical justification for its use with mothers is the claim of theorists, that the process facilitates those involved, to choose how they live their lives, and to overcome early conditioning and restrictive social practices (Reason, 1994b).

The Benefits of this Research Approach

The use of a co-operative inquiry strategy in this research opens the door to a new genre of knowledge. It is the lived experience of feeding families as known to mothers through the meanings they themselves attribute to it. It has potential to infuse health promotion theory with new insights about practice and the influencing context of deprivation.

The Format of the Inquiry Process

Research Phase	Description	Date
Preparation and Initiation of the Inquiry	Research Design; Gaining Permissions; Raising Awareness; Recruitment and Enrolment	January 2008 – September 2008
The Informative Inquiry	Developing methods to collaboratively identify and explore the experience of family feeding at Breakfast Time, Tea time and Shopping. Collectively agreeing descriptive and explanatory statements about practice.	September 2008 – December 2008
The Transformative Inquiry	Exploring the experience of a practice of which mothers felt proud. Discerning what value the practice held for mothers; and the more tacit meanings of practice. Establishing collective practices that expressed mothers' values.	January 2009 – August 2009
The Participants' Report and the Legacy of the Inquiry in the Community	Working with Participants to design and publish their book. Supporting Participants into new Leadership Roles in the Centre. International Participatory Conference on the Art of Feeding the Family held in Parr	September 2009 - September 2012
The Academic Report	Updating the Literature Review Compiling the Narratives of the Inquiry Process and compiling the two reports. Grounding data in academic theories of learning, practice and health; and empirical evidence of risk in health inequities.	September 2010 – January 2015

Outline of the Chapters in the Thesis

Chapter 1 is a literature review presented in four parts, each of which serves a different function in this thesis and progressively explores and ultimately extends current knowledge and understanding about mothers' feeding of their families. Part 1 is a review and analysis of published health literature on mothers' family feeding practices. Part 2 is the presentation of theories of practice. Part 3 is a presentation of the Participative Standpoint adopted for the inquiry. Finally Part 4, is a discussion of the implications for health promotion and specifically in terms of its consistency with the principles of participation, empowerment and social justice. The research questions emerge from the literature review and discussion and are presented at the end of this chapter.

Chapter 2 presents the Co-operative Inquiry methodology (Heron, 1996), in particular the research methods developed; the role of the facilitator; and the inquiry outcomes through which the research question will be answered. Methods and tools developed in the inquiry are described and critiqued. The process of establishing the inquiry and ethical issues are presented; and the inquiry process as a form of health research is critiqued along with considerations of validity and bias.

Chapter 3 is a narrative description of Phase 1 of the Inquiry: The Informative Inquiry. It gives the reader insight into the context for method development and knowledge generation. Extracts from participants' research session dialogue and from my field work and reflective diaries are presented to show that the methods we developed arose from the lived experience of practice and of the inquiry process. It describes the methods used to explore the mothers' practice and experience of breakfast time.

Chapter 4 presents an Informative Inquiry report which is the mothers' description and explanation of what is involved in feeding the family. Extracts from participants' accounts of practice, research session dialogue and their creative art show how

the mothers describe and explain and experience their routine of work; and how the mothers experience relationship with children and others they encounter in practice. The author's reflections on these findings which reveal the alienation of mothers, led to changes in her facilitation practice.

Chapter 5 uses narrative to describe Phase 2 of the Inquiry process: The Transformative Inquiry. Extracts from my reflective diary, and extracts from research session dialogue portray the development of my facilitation of the political and emotional empowerment of participants. It introduces the reader to ways in which the mothers took on leadership of the inquiry and to its consequences. Participants changed the focus of the inquiry. It moved away from my chosen focus on their day to day practice and experience, to a new focus on practical skills.

Chapter 6 presents the transformative learning and development in the inquiry. The Participants make use of methods developed in Phase 1, to explore the skill of bread making. They discern tacitly known meanings of practice which turn it into a means of achieving what they value in life. Individual learning journeys are presented which show some of the individual and community development.

Chapter 7 is a presentation of the author's reflections on the significance of the inquiry and its findings. The author presents three inter-related essays: Mothers' Practice of Feeding Family and Child Obesity Risk Factors; The Identity of Mothers and Mental Health; and The Inquiry Process as different types of work in multiple domains of participatory encounter.

Chapter 8 is the conclusion. The author highlights key findings of the inquiry and draws out the unique contribution of the study to literature on family feeding practice, methodological learning with respect to co-operative inquiry, to policy and to health practitioners.

CHAPTER 1

LITERATURE REVIEW

Introduction to the Literature Review

The literature review is presented in four parts, each of which serves a different function in this thesis and progressively explores and ultimately extends current knowledge and understanding about mothers' feeding of their families.

Part 1 is a presentation of an analysis undertaken on a strategic sample of published studies about mothers' feeding of the family, in which I looked for patterns in research approaches and findings. I identify the standpoints from which mothers' feeding of their families has been researched in health; the areas of interest to researchers; and the context in which the research findings have been found significant. The retrieved papers (shown in Appendix 2) can be seen to include investigations conducted within a positivist theoretical framework; qualitative interpretative studies; and a very small number of participatory studies. The common feature of all of the studies is that they were undertaken by third party researchers who interpret and make use of the findings in ways that are pertinent to their specific field of interest. What is missing from this established body of knowledge about family feeding is the participative reality of a mother's practice. That is, a mother's lived experience of feeding the family and her own interpretation of what it means to her as a mother. This study innovatively aims to address that gap in knowledge by engaging a group of mothers as researchers of their own practice; and making use of a new research paradigm: Co-operative Inquiry (Heron, 1996).

In part 2, I present a specific theory of reality: the 'participative reality' in which knowledge is understood to be multiple forms of knowing that include: practical action, conceptual understanding, imagery and intuition, and feeling and emotion. It is an extended epistemology which according to Heron (1996) posits action as

participation in the world through practice; and over time practice becomes a person's way of knowing the world and their way of being in it. The theories presented in this section were predefined by me prior to the commencement of the research in order to establish the inquiry paradigm.

Theories presented in Section 3 were not predefined at the start of the research. They were drawn upon to fulfil the two functions of theory in action research: to resolve any professional, ethical and political issues that emerge during the course of the research; and provide insights into hypothetical meanings of patterns in the data (Winter 1998).

In Part 4, I bring all the literature together and reflect upon its implications for health promotion. I argue that in current health research, a mothers' feeding of the family is known predominantly through third party research as 'behaviour', as opposed to mothers' first-hand knowledge of it as their 'practice'. This means that current health strategies and interventions derived from third party research are therefore based upon an incomplete knowledge and understanding of feeding the family which this thesis aims to address.

Patterns in Current Health Research related to Feeding the Family

1.1 Search Strategy

The review of literature relating to mothers' feeding of their families has been ongoing over the duration of the inquiry and in the writing of the thesis. It has been updated regularly and as explained in the introduction, the review has been shaped over time in response to findings in the inquiry.

The initial focus of the review was identifying risk factors for child obesity which began in 2008. Initially published research reported on individual risk factors, but

over time research began reporting on the interconnectedness of risk factors with each other; and in particular their association with deprivation. It has led to an understanding of the complexity of the obesogenic environment and of parents, mothers in particular, as mediators of their children's exposure to risk through family feeding practice.

A second, more strategic review began in November 2013 whereby I undertook a series of searches (See Appendix 1) to identify research standpoints; key findings; and the contexts in which feeding the family was given meaning by researchers. The purpose of the review was to enable the co-operative inquiry process and its findings presented in this thesis, to be seen and compared with published literature. The review aimed to identify studies done in similar communities to the one in which I worked. I selected papers from those retrieved that were more likely to focus on everyday feeding practices as opposed to those in special situations. For this reason I rejected research that had investigated feeding in specialised areas such as breast feeding and weaning; contexts of child medical conditions; and when participants have been purposively recruited because they are from a particular culture or ethnic group living in the UK or from indigenous communities elsewhere.

The overwhelming number of returns of papers reporting from a positivist standpoint into patterns of prevalence and risk factors associated with child obesity led me to acknowledge that this pressing problem is likely to be the predominating context of research into family feeding. In order to better explore what other contexts published research into the subject is situated; and given my own prior research and extensive knowledge into child obesity risk (Kennedy, 2008 Unpublished), I opted to exclude the term Child Obesity in search terms. Obviously this brings a bias away from research into child obesity and to the causal variables found significant in that context. Nevertheless it allowed me to better pursue my more general aim of identifying what standpoints have been used; patterns in research interest and contexts in which practice, as opposed to child obesity, is given meaning.

The searches were made using the University Search Engine: Discover, which simultaneously trawls more than 39 databases including Social Science Citation index; Science Citation Index; PsycInfo; CINAHL plus with full Text; Science Direct; MEDLINE; ERIC; and additional searches were made using SCOPUS and other Databases listed in Health and Applied Social Science Resources: Swetswise; PubMed; Academic Search Premium and Cochrane.

1.1.1 Explaining Terms found in the Retrieved Papers

Jansen et al (2012) highlight the importance of clarity in the conceptualisations of feeding and parenting terms that are used in research; and the need to distinguish between 'parenting' and 'feeding' and 'styles' and 'practices'.

Parenting practices are what parents 'do' i.e. behaviours; Parenting styles on the other hand, refer to how parents do it, which is the overall emotional climate in which feeding takes place. Parenting styles create the climate in which the child responds to the feeding practice by taking or declining food (Darling and Steinberg, 1993). According to Darling (1999), parenting and/or feeding styles can be termed as authoritative, authoritarian, indulgent or uninvolved. If the parent is responsive, involved, and makes appropriate demands on the child it is authoritative; whereas authoritarian is when the parent is demanding and highly directive but unresponsive to the child's individual needs. Indulgent is when the parent is warm and accepting but makes few demands on the child. The uninvolved parent exerts little control over the child and lacks involvement.

In the papers reviewed, the terms most frequently used in respect to feeding practices were: controlling practices that included pressure to eat and restriction of foods; modelling of eating and dietary behaviours; and making foods available. Ventura and Birch (2008) describe such practices as strategies that parents use to manage how much, when and what children eat. This includes the use of food for non-nutritive purposes in what they regard as either emotional or instrumental feeding behaviour. Emotional feeding behaviour is used to soothe whereas instrumental is used to reward.

1.2 Analysis of Papers

Theoretical Frameworks

86 relevant papers were accepted for inclusion in the review (see Appendix 2). Although 'mother*' was a key term in all searches, some papers reported on parent feeding practices and where no gender differences in practices were highlighted, these were accepted and included within the 86 reports which were made up of original research and a small number of systematic reviews.

- 64 papers (74%) reported from a positivist standpoint on correlations between variables identified as relevant to family feeding.
- 19 (22.5%) papers reported from a qualitative interpretive standpoint into topics related to family feeding.
- 3 (3.5%) papers produced academic commentaries in which research was presented from an academic standpoint other than health: Policy Reports.

The dominance of the scientific positivist approach in research into mothers' feeding of their families is immediately apparent; and no papers were retrieved that reported on mothers as researchers of their own practice.

1.2.1 The Association of Variables in Positivist Research

A simple content analysis of the 64 papers reporting on correlation studies was undertaken to identify variables of research interest; and the context in which findings were given meaning (See Appendix 2). What became immediately apparent as noted by Jansen et al (2012) was that few researchers defined what they meant by the term 'practice' in their papers. They reported upon mothers' observable or measurable behaviours and sought associations between them; or correlation with other maternal characteristics; or with child related variables. As my intention was to provide an overview of the current knowledge available about feeding the family, the author categorised these variables as being either a

maternal or child related variable. Maternal in this context includes findings from parent studies in which no gender differences were highlighted as significant (See Appendix 2).

Maternal Variables

The maternal variables found in included:

- Feeding Practices
- Feeding Styles
- Parenting Styles
- Parenting Function
- Knowledge of Healthy Eating
- Salience of Food Labelling
- Perceptions and Concerns for Child Weight
- Beliefs and Intentions for Feeding
- Education
- Eating Behaviours
- Efficacy: Organisation and Cooking Skills
- Employment.

They also included maternal bio-psycho-social factors: such as weight; mental health; income; and warmth of romantic relationships.

Child Variables

Child variables included: weight; diet, eating behaviours and temperament. They also include child demographic factors: gender and age, and family income; and child exposure to family routines: family eating together, communicating about food, participating in decision making, and screen time (TV and other screen use).

1.2.2 Themes of Interest in Positivist Research

Themes of interest are initially summarised below and will be further elaborated in following sections:

- 57% of papers contextualised their findings in risk of child overweight and obesity and 39% found risk to be associated with nutritional content: low fruit and vegetable intake; and low nutrition high energy density food.
- 14 papers reported associations between mothers' controlling and instrumental feeding practices and child weight and overweight
- 11 papers reported an association between mothers' controlling and instrumental feeding practices with child eating behaviours associated with obesity
- 25 papers reported on associations between mothers' feeding and eating behaviours with nutritional qualities of their child's diet.
- 9 papers reported on associations between mothers' feeding practices with maternal depression and maternal eating disorders.
- 17 papers reported on a range of entities associated with mothers' socio economic status namely their feeding practices; parenting styles; child nutrition; and maternal health and also noted association of these entities with other social characteristics such as maternal levels of education etc.
- 10 papers reported on association of family feeding practices with socio-cognitive factors identified as important in behaviour change models.

1.2.3 Feeding Practices and Child Weight

14 papers reported a positive association between mothers' controlling and instrumental feeding practices and child weight and overweight (Galloway et al., 2005, Anzman and Birch, 2009, Sud et al., 2010, Stifter et al., 2011, Payne et al.,

2011, McPhie et al., 2012, Blissett and Bennett, 2013, Riesch et al., 2013, Rodgers et al., 2013, Bergmeier et al., 2014, Mallan et al., 2014, Rollins et al., 2014, Wehrly et al., 2014). However Ventura and Birch (2008) suggested that there was a bi-directional rather than a simple linear causal relationship between controlling practices and child weight. This appears to be borne out in more recent research, for example, restrictive feeding practices are associated with higher BMI (Anzman and Birch, 2009, Mallan et al., 2014, Rollins et al., 2014, Wehrly et al., 2014) and maternal perceptions of children being overweight and their concern for it, are found to mediate the association (Payne et al., 2011, Webber et al., 2011).

In addition, prospective studies show that pressure to eat was predictive of higher child BMI and restrictive practices were inversely associated (McPhie et al., 2012); also mothers' feeding practices become more controlling after and not before excessive child weight gain (Rhee et al., 2009). Research findings therefore suggest that while feeding practice is associated with child weight; mother's perceptions of child weight and concern for their child's weight may also mediate and not necessarily cause child overweight and obesity.

1.2.4 Feeding Practices and Child Eating Behaviours

11 papers reported an association between mothers' controlling and instrumental feeding practices with child eating behaviours (Galloway et al., 2005, Anzman and Birch, 2009, Webber et al., 2010, Horn et al., 2011, Moens et al., 2013, Morrison et al., 2013, Powell, 2013, Rodgers et al., 2013, Bergmeier et al., 2014, Rollins et al., 2014, Blissett and Haycraft, 2011b). Although feeding practices are shown to be associated with child eating behaviours associated with child obesity, once again simple linear causality is questioned by the following research findings that indicate that parents practice may be in response to child eating traits. Parental restriction of foods and child perception of parental restriction of foods is associated with child over-responsiveness to food i.e. low inhibitory control and eating when not hungry.

Pressure to eat is associated with child food satiety and inversely with child enjoyment of food (Anzman and Birch, 2009, Webber et al., 2010). While the presumption in positivism is one of causal relationships, causality is questioned in longitudinal studies where these practices were not found to be predictive of the child behaviours with which they are later found to be associated (Bergmeier et al., 2014, McPhie et al., 2014). Other variables such as temperamental child eating traits: unwillingness to try or adapt to new foods and quickly losing interest in the task of eating may be intermediaries in the development of the parental control (prompting and pressure to eat) with which child weight is known to be associated (Horn et al., 2011).

The emotional climate in which children eat is also associated with child eating behaviours. Concurrent and prospective research shows that when mothers eat with children and display high sensitivity to child appetite, that is low levels of controlling; and more positive emotion and verbalization during mealtimes, then child food avoidance behaviours are less likely to occur (Powell, 2013). Maternal stress and perception of their child as being difficult to manage, predicted child eating fussiness longitudinally (Bergmeier et al., 2014): whilst fussiness is associated with obesity (Johannsen et al., 2006). Stronger associations between restriction and children's disinhibited eating such as eating when not hungry and lower self-regulation, both associated with child obesity (Faith et al., 2004, Clark et al., 2007) were found when parents reported more coerciveness (making children eat) and a more unstructured, chaotic style of parenting (Joyce and Zimmer-Gembeck, 2009). Emotional feeding behaviour i.e., a tendency to offer food to soothe a child's negative emotions was the parent factor most significantly related to child emotional eating (Braden et al., 2014).

As shown in Figure 2 , the association between controlling feeding practices which is the risk factor of interest in the above studies, and child obesity has long been established. The seamlessness between studies reporting findings about mothers' family feeding practices and those reporting on risk factors for child obesity, is indicative of the research interest in how family feeding is implicated in the

aetiology of child obesity. Figure 2 below, shows how child feeding behaviours are presented as risk factors in child obesity risk research.

Obesity Research: Feeding Practices, Eating Behaviours and Child Obesity

The relationship between feeding and parenting practices and child weight and obesity has long been established in literature. Emotional and Instrumental feeding are thought to influence the development of child taste preferences and emotional eating (stress related) with impact on children's diet and risk of obesity (Birch et al., 1982); Indulgent parenting in both cross sectional and longitudinal studies of low income parents is associated with higher child BMI (Hughes et al., 2005, 2008; Hennessey et al., 2010, Henrikson, T, 2006, Olivera and Power 2010); and highly directive/controlling feeding practices (prompting and restricting) have been related to lower self regulation in eating and higher weight status among children in numerous studies (Faith et al., 2004, Clarke et al., 2007). Mothers who used pressure as a feeding technique, were more likely to have a lower standard of education (Lumeng and Burke, 2006) and to have daughters who were picky eaters and ate fewer portions of fruit and vegetables (Galloway et al., 2005), and conversely, mothers' perceptions of their children as 'picky' or 'fussy' is an independent risk factor for child obesity (Johannsen et al., 2006). The association between risk and restrictive parental feeding practices varies with age and with the presence of other factors which might potentially increase children's' vulnerability such as maternal obesity (Powers et al., 2006, Campbell et al., 2010).

Figure 2 Controlling Feeding Practices and Child Obesity

1.2.5 Child Diet: Unhealthy Associations

25 retrieved papers reported on a range of variables associated with child diet. The healthiness of children's diet is inversely associated with indulgent (Papaioannou et al., 2013) and permissive parenting (Hoerr et al., 2009); maternal negative affectivity (Ystrom et al., 2012b) and depression (Gross et al., 2013); lower maternal warmth (McPhie et al., 2012); lower maternal levels of education (Kuyper et al., 2009, Wijtzes et al., 2013); children's hours of screen time (Anderson and Whitaker, 2010) and child TV viewing (Johnson et al., 2011b); divorced parents (Yannakoulia et al., 2008) and family socio economic status (Hendy and Williams, 2012).

Lower frequencies of mothers preparing and serving food; cooking with raw ingredients; providing breakfast daily; and eating together as a family were also associated with a poorer child diet (Crombie et al., 2009, Swanson et al., 2011b) as was maternal concerns that the child was not eating enough (Crombie et al., 2009).

1.2.6 Child Diet: Healthy Associations

A more healthy diet is associated with non-directive feeding practices (covert control) (Murashima et al., 2012); with parents who make fruit and vegetable available daily; use fat reduction in selecting foods; use persuasion to eat healthily as opposed to insisting on eating per se; insist that child eats during meal times; rarely show snack modelling; and do not allow children too many choices or make them special meals different to the family meal (Hendy et al., 2009). When mothers display higher sensitivity to children's level of hunger, and are less controlling, and show more positive emotion and verbalization about the meal; and when they include children in decision making about the meal and have a good diet themselves (adequate fruit and vegetables) then children are more likely to eat a healthy diet (Powell, 2013);

Healthy child diet was also associated not only with family mealtimes but also with mothers' belief in the importance of eating together (Anderson and Whitaker, 2010, Skafida, 2013)

1.2.7 Maternal Characteristics associated with their Feeding Practices; and with Child Eating Behaviours, Diet and Weight

Mothers' own diet and weight concerns are associated with their feeding practices. Mothers with high levels of concern about their weight were more likely to engage in eating and feeding practices associated with obesity. This included: restrained eating (dieting), uncontrolled eating, or emotional eating; and their feeding practices were more likely to be controlling and pressurising to eat (Kim et al., 2012). These again are associated with child weight and obesity risk [1.2.3].

Mothers consuming more fruits and vegetables were less likely to pressure their daughters to eat and had daughters who were less picky and consumed more fruits and vegetables (Galloway et al., 2005): and it is to be noted that the converse characteristics: pressure to eat and 'pickiness; are risk factors for child obesity: see Figure 2.

1.2.8 Maternal Mental Health

9 papers reported on associations between mental health and feeding practices; child eating behaviours; and maternal eating disorders, all of which can be associated with child overweight and obesity.

Poor mental health in mothers is associated with feeding practices that in turn are associated with risk of child overweight (Blissett and Haycraft, 2011b, Ystrom et al., 2012b, Haycraft et al., 2013b, Mallan et al., 2014). Symptoms of depression are linked with observations of mothers implementing a more controlling, less sensitive feeding style with their child (Blissett and Haycraft, 2011b, Haycraft et al., 2013a, Mallan et al., 2014). Mothers high in negative affectivity (negative self-attitude, self-blaming and guilt) which is associated with depression, perceived they had little control over their child's behaviour, which in turn is associated with both pressuring children to eat, and restricting the children's food intake and with a less wholesome and a more unhealthy diet in the child (Ystrom et al., 2012a).

Poor mental health in mothers is also associated with child eating behaviours such as lower satiation control (Blissett and Haycraft, 2011a) and with patterns of unhealthy diet in children age 3 (Ystrom et al., 2012b), and with an observed increase in child overweight (Mallan et al., 2014). They are also associated with maternal eating disorders (Blissett and Haycraft, 2011a, McPhie et al., 2011, McPhie et al., 2014, Palfreyman et al., 2013) which in turn are associated with child eating behaviours associated with risk of child obesity (see Figure 2). These include: lower satiation (Blissett and Haycraft, 2011a), pickiness and fussiness

(Blissett and Haycraft, 2011a, Morrison et al., 2013) and emotional eating (Braden et al., 2014).

Maternal mental health is thought to be indirectly associated with child obesity through a number of intermediary factors such as child eating behaviours (above) and other factors associated with poor mental health that are independently associated with child obesity see Figure 3 below. This association will be elaborated upon and discussed in Chapter 8.

Obesity Research: Maternal Depression and Child Obesity

Milgrom et al., (2012) concluded that a definitive judgement cannot be made about the association between child obesity risk and maternal depression because there is only a limited body of low quality evidence available. Post-natal depression alone is not significantly associated with early child obesity (Ertel et al., 2010, 2012; Ajslev TA et al., 2010) but stronger evidence of association has been found in longitudinal studies where repeated episodes of maternal depression over time were identified and where child BMI was measured on several occasions up to the older age of 10 or 11 years (Wang 2011, Duarte et al., 2012). There is some evidence that the association between child obesity risk and maternal depression may be mediated by parenting behaviours. Maternal depression is associated with increased hours of Child TV viewing and reduced physical activity (Duarte et al., 2012). Depression, which is associated with lone parent status (McConley et al., 2011) and with lower socio economic status (Topham et al., 2010) is also associated with permissive and indulgent parenting styles which are associated with child obesity.

Figure 3: Maternal Depression and Child Obesity

1.2.9 Socio-Cognitive Factors

Ten papers reported on association of family feeding practices with socio-cognitive factors such as mothers' knowledge and skills in cooking, their understanding and

beliefs of health issues and how they relate to child diet and family feeding. Good general knowledge and awareness of key dietary messages and issues related to healthy diet is common among families (Crombie et al., 2009, Pettigrew, 2009); and is an outcome of healthy eating interventions (Skouteris et al., 2011). It is not however, predictive of a good child diet (Crombie et al., 2009) nor of low income parents salience of nutrition food labelling when food shopping for overweight children (Pettigrew and Pescud, 2013). A self-reported sense of efficacy in relation to food management: meal planning and meal preparation in advance; and producing meals from a few at hand ingredients is associated with a better quality child diet (Morin et al., 2013).

What parents believe and their intentions in giving food are also associated with the quality of a child's diet. Children of mothers who believed a healthy diet would encourage a child to eat more, were less at risk of poor diet (Crombie et al., 2009), as were children whose mothers believed in the importance of family meals (Fiese et al., 2006, Crombie et al., 2009, McIntosh et al., 2010).

1.2.10 Habitual Practices and Cooking Skills

Although traditional behaviour change strategies emphasise the importance of socio-cognitive factors, the strength of habitual practices can be overlooked. Routine family feeding habits, as opposed to parents' health related feeding goals, were more closely related to the nutritional qualities of child diet (Kiefner-Burmeister et al., 2014b). Children with poorer quality diets were found less likely to have mothers who routinely provide breakfast each day, cook from 'scratch' and provide 'proper sit-down meals' (Swanson et al., 2011a). Martin et al (1999) using data from the 1993 UK health and lifestyle survey found no direct relationship between cooking skills and health status, but found social divisions in cooking, skills and confidence. Their study suggested that low cooking skills might reduce the chance of eating healthily for poorer families who turn to convenience foods, while richer families may also not cook, but can afford to purchase healthier

convenience foods. Low cooking skills are a predictor of ready meal consumptions (Van Der Horst et al., 2011) but money may mediate its association with obesity, as the more affluent can afford to purchase healthier convenience foods. .

1.2.11 Socio-Economic Status (SES)

17 papers reported on a range of family feeding variables associated with SES: feeding practices; parenting styles; child nutrition; and maternal characteristics.

(a) Purposive Sampling: Child Diet, Weight and Feeding Practices

Four studies purposively selected low income families to investigate a range of variables related to child diet, weight and feeding practices. Permissive parent feeding styles (indulgent or uninvolved) among lower socio economic status families were found to relate negatively to their children's intake of nutrient rich foods, fruit juices, vegetables and dairy foods (Hoerr et al., 2009, Papaioannou et al., 2013); and Non-directive feeding practice was associated with a more nutritious diet (Murashima et al., 2012). Depression among low income mothers was associated with concern to establish set routines for infant feeding (Karp et al., 2010) and with restrictive feeding (Moreira et al., 2014).

(b) Associations with Low maternal Socioeconomic Status

Low maternal SES was associated with instrumental feeding: food used as a reward; and less healthy child diet: less fat reduction in diet; and less daily fruit and vegetable (Hendy and Williams, 2012). Low Maternal SES as measured by the proxies of maternal education and income, was associated with lower monitoring of children's intake of sweets, sweet containing beverages, and high calorie snacks (Kuyper et al., 2009, Wijtzes et al., 2013), and with child consumption of less nutritious diets (Vereecken et al., 2010). Lower SES working mothers were found to make greater use of commercially produced foods that put children at risk of obesity than did more affluent working mothers (Grzywacz et al., 2010).

(c) Cost and Access to Healthy Foods

Coe (2013) argues that the influence of rising costs on family feeding can be seen in changing patterns of food purchases. Fruit and vegetable purchases have suffered in all UK households, with purchase levels recorded as being 7.5% lower in 2011 than they were in 2007, particularly in the lowest income households. These households purchased 29% less fruit and 20% fewer vegetables over this period (Department of Environment Food and Rural Affairs, 2013). Currently, adults in the UK are purchasing around four portions of fruit and vegetables, suggesting that consumption levels are likely to fall short of the government's recommended target of five or more portions a day (NHS Choices, 2013). A decrease in fruit and vegetable purchases between 2010 and 2012 was also evident in research conducted by Kantar Worldpanel, on behalf of The Guardian's Breadline Britain Project, which found that geographically, the most noticeable decrease in fruit and vegetable purchases was seen in the northwest of England (The Guardian, 2012). Similar findings were reported in the Family Food Survey 2011, which found that fruit purchases were the lowest in the northeast of England, and vegetable purchases lowest in the northwest of England (Department of Environment Food and Rural Affairs, 2012). Reduced provision of fruit and vegetables in the home is related to children's low consumption (Nicklas et al., 2001, Pérez-Lizaur et al., 2008) and with the decreased likelihood that they will develop a taste for them as they grow older (Cullen et al., 2003, Wardle et al., 2001, Johansson et al., 1999). Low vegetable intake (Wardle, 2001) and an established junk food diet by the age of three (Reilly et al., 2005) increases risk of childhood obesity.

(d) Access to Unhealthy Foods in Neighbourhood and Home

Increased access to unhealthy foods also influences family diet. Amy et al (2013) found that children and adolescents living in a neighbourhood with higher density of fast food outlets report less frequent healthy eating and more frequent unhealthy eating. In the same study, students living in more affluent neighbourhoods reported

more frequent healthy eating, and less unhealthy eating. Paradoxically, the purchase of healthy foods by parents does not necessarily exclude high levels of access to unhealthy foods in the home. Parents who buy healthy foods for their children also buy and give their children less healthy foods as a matter of expediency when it is difficult to get children to eat healthily or use unhealthy foods treats, rewards or bribes (Noble et al., 2007).

The relationship between maternal socioeconomic status, food costs and mothers' feeding of their families is of interest because of the patterns of child obesity prevalence. There is no doubt that child obesity is associated with area level multiple deprivation (HSCIC Lifestyles Statistics, 2013, National Obesity Observatory, 2013); and patterns of prevalence show that risk increases with child age (Townsend et al., 2012, National Obesity Observatory, 2010, National Obesity Observatory, 2013). See Figure 4 below:

Obesity Research: SES, Area Level Deprivation and Child Obesity

Children from families of lower socio economic status are more at risk of overweight and child obesity but some studies suggest that the risk is mediated by factors associated with low income mothers and their children: mothers smoking and overweight during pregnancy (Dubois and Girard, 2006, Hawkins and Law, 2006,); and bottle feeding and weaning early; children low consumption of fruit and vegetables; and their greater hours of TV watching (Hawkins and Law, 2006); and lone parent status (Hawkins and Law, 2009). There is no doubt however, that child obesity prevalence is associated with Area Level multiple deprivation (HSCIC Lifestyle Statistics, 2013, National Obesity Observatory, 2013); and patterns of prevalence show that obesity is age related: risk increases with child age (Townsend et al., 2012, National Obesity Observatory, 2013).

Figure 4: Area Level Deprivation and Child Obesity

1.3 Qualitative Research into Family Feeding

Qualitative research is grounded in the experience of participants and therefore places greater emphasis on elucidating participants' feelings, attitudes, motivation, etc. Thematic analysis of the 24 retrieved papers show the foci of research interest to be: Feeding Behaviours; Feeding Practices and Family Meals; Parenting Styles; Dietary Quality; and Food and Retail Quality.

1.3.1 Feeding Practices, Family Meals and Explanations

Explanatory relationships between mothers' motivation and their feeding practices were explored in qualitative research and found to relate to their attitudes towards control (Bramhagen et al., 2006); their health beliefs and perceptions of child diet in relation to that of peers (Duncanson et al., 2013); their intentions to accomplish feeding goals (Ventura et al., 2010); and their perceptions of child appetitive traits (Webber et al., 2010). Mothers' explanations for their feeding practices support findings from positivist research [1.2.3] of a mutually influencing mother–child feeding relationship. Mothers modulate their feeding strategies to match individual children's appetitive traits and eating behaviours (Webber et al., 2010, Carnell et al., 2011). In addition, mothers may be reacting to maternal influences in their own childhood, as some mothers perceive their own parenting styles and feeding practices as being different and better than that of their own mothers (Kalinowski et al., 2012).

1.3.2 Family Meals, Working Parents, and the Influence of Grandparents

Explanatory relationships for provision of family meals were explored by researchers for the purpose of developing interventions to encourage family meals. Kling (2009) explored low income mothers' feelings about their provision of family meals for use in developing emotional based health messages. The researcher concludes that using mothers' feeling of guilt to encourage them to provide family meals might be an effective health strategy. The family meal may not however be

cooked by mothers, as in some families it is eaten in a restaurant, or is made up of fast foods or purchased take away foods; and in addition, although spending family time together is valued by the parents, their children's food pickiness led to conflicts with children (Fulkerson et al., 2008). Working parents who make time to plan and prepare foods value the time they spend with their children but are frequently frustrated by the limited range of foods their children will eat (Fulkerson et al., 2011).

Other research with mothers from low income families, found that mothers' childhood memories of mealtimes, both negative and positive, motivated them to have family meals because they envisaged them as affording opportunities to build relationships with their children. The majority of the mothers in the group lived with a partner or other adult, and they described needing help from these adults in preparing meals and establishing calm and order with their children during mealtimes (Malhotra et al., 2013).

Published research into the influence of grandparents and extended family on family feeding practices has largely been explored in relation to ethnic minority cultures or research in non-western countries where its effect is frequently beneficial to the diet of children (Aubel, 2012, Jingxiong et al., 2007). In keeping with this review strategy, such papers have not been included for discussion in this thesis. However, as many as 36% of British parents use grandparents as their main form of childcare, grandparents are now being recognised for the role they play in the feeding of their grandchildren but very little research has evaluated what contribution they make (Farrow, 2014). Roberts and Pettigrew (2010) argue that grandparents use food as a tool to differentiate their role from that of other carers and parents and to send the message that time spent with them is was more rewarding than time with other adults. Grandparents offer foods that children like including those that are restricted at home. When children spend longer hours with grandparents however, these behaviours are found to be reduced and feeding practices are in conformity with those of parents (Farrow, 2014). Children being

cared for by grandparents are however more at risk of obesity (Pearce et al., 2010, Tanskanen, 2013, Formisano et al., 2014).

Fathers can be influential in decision making about healthy eating in the family (De Bourdeaudhuij, 1997) and a systematic review indicates that fathers do influence preschool children's weight gain, overweight and obesity status, but the influence of fathers is a neglected area of research (Fraser et al., 2011). Eating habits among adults shows evidence of social network influences that is particularly strong between spouses, but also includes the influence of siblings and friends particularly in relation to snacking (Pachucki et al., 2011). As dietary behaviours of mothers are associated with similar traits in their children (Cameron et al., 2011), family feeding practice can be shown indirectly to be influenced by the wider family.

1.3.3 Food Accessibility, Cost and Employment

It has been asserted that 'food deserts', which are poor communities where residents cannot buy affordable healthy food, are an important contributor to poor diet (Acheson, 1998). However Pearson (2005) found that the predominating influences on fruit and vegetable consumption are cultural influences as opposed to material factors such as fruit and vegetable price, socio-economic deprivation and a lack of locally available supermarkets. Zachary et al (2013) argues however, that the accessibility of fresh foods to lower socio economic status mothers can be understood in the context of shopping choices that are influenced both by financial considerations and by supermarket layouts which promote unhealthy foods choices through price centred displays and 'bargain' promotions, and floor layout that leads into junk food isles.

A more complex picture emerges when the dietary quality of family food made available to children is explored through parental beliefs, health knowledge and role modelling. Herman (2012) found that the nutrition beliefs and feeding aspirations of low income mothers is to reduce children's access to sugared and unhealthy foods, but that they are undermined by children's nagging, other adults in the family and their own bad childhood memories. Food provision to children of low income mothers was found to be more influenced by maternal perceptions

about the quality of child diet in relation to that of their peers, than by health advice (Duncanson et al., 2013).

Despite good knowledge of the benefits of healthy eating for children, mothers in the UK perceived encouraging their children to eat vegetables as being difficult (Noble et al., 2007). However, the literature indicates that parental encouragement and role modelling are more closely correlated with children's consumption of healthy foods than availability of fruits and vegetables at neighbourhood level (Brug et al., 2008). Even when fresh foods are generally accessible however, among some ethnic communities in the UK, reliance on local stores for culturally acceptable foods reduced their available food choices (Rawlins et al., 2013).

Employment also influenced family diet. Time constraints imposed by employment resulted in mothers being unable to provide the foods they aspired to offer and they made greater use of convenience foods (Slater et al., 2012).

1.4.1 Academic Standpoint Perspectives on Family Feeding

Three papers were retrieved reporting other perspectives on family feeding. Martin and Lippert (2012) argued that obesity in women is a physical expression of the vulnerabilities that arise from the intersection of gendered care expectations and poverty. Murphy (2003) largely agrees and argues that the government imposes upon women a 'biologic-moral responsibility for the welfare of children, and constrains them through coercive health promotion. Cook (2009) argues that mothers not only provide food and sustenance for their children, but necessarily encounter, engage with and make use of commercial meanings of foodstuffs as part and parcel of the caring work they accomplish while providing food and meals.

1.5. Summary of Review findings:

The literature review was undertaken to identify patterns in three variables: research standpoints; focus of research interest; and the significant context of findings. The majority of studies 74% were undertaken within a positivist theoretical framework; 22% from a qualitative interpretative standpoint; and 3% derived from fields of interest other than health.

1.5.1 Pathogenic Potential

Positivist Research

Positivist researchers' interests in mothers' feeding of their families, was found to be overwhelmingly concerned with its pathogenic potential. The research focus was primarily to identify relationships between maternal variable entities and the development of unhealthy child eating behaviours, poor diet and overweight. As the ontological assumption of associations in positivism is one of causality, however circuitously, mothers' personal characteristics and their family feeding practices are implicated as risk factors in aetiology of child pathology. The background information on child obesity risk factors shows the seamless relationship between research into child obesity and research into family feeding. It posits family feeding as a minefield of potential risk factors for child obesity.

The understandable focus of scientific research funding and interest into the pressing public health problem of child obesity and into associated areas of risk has however produced a very limited and singular perspective on family feeding in published health research. Dominance of the positivist biomedical approach in health research has led to an exclusive focus on mechanistic connections between mothers' family feeding and the homeostatic energy balance systems that feed into the body's 'core system engine' (Foresight, 2008:16) of energy consumption and expenditure. It has eclipsed other ways in which family feeding may be known and understood.

Positivism reduces mothers to their behaviours and attributed characteristics, making them objects of third party research in which they are investigated for their

pathological potential. This reductive process is dehumanising to mothers who are feeling salient human beings because it 'separates the cognitive, the affective, and the active aspects of the total, indivisible personality' (Freire, 1972:154). It is based upon the mistaken assumption that a person's action can be understood as the sum of its reducible parts. Public Health strategies derived from such research are not grounded in human experience and therefore potentially risk dehumanising the professionals asked to implement them and mothers to whom they are applied.

Qualitative Studies

Although researchers adopt different ontological approaches and methodologies, the overlap between themes of interest to researchers in quantitative and qualitative research, is made apparent in the above analysis [1.3 -1.33]. Qualitative research interest revolved around producing explanatory data for entities identified as significant in correlative research, namely feeding practices as defined [1.1.1], and family meals; and child diet. It is of note that qualitative research also found a bi-directional influence between mother and child [1.2.3].

The three academic fields other than health, [1.4.1] present perspectives on family feeding that are clearly grounded in the researchers' field of interest and standpoint through which they interpret and give meaning to mothers' family feeding.

The data generated in qualitative research is purportedly grounded in research participants' knowledge and experience. However the research design: interviews; semi structured interviews and focus group questions, in all but one paper (O'Key, 2011), directed participants' discussion in ways that elicited from participants the knowledge and areas of experience the researchers considered important. Data was interpreted by the researcher and presented in ways that reflect the researchers' understanding. When O'Key (2011), undertook a discursive analysis of low income families talk about food, talk that had not been guided in some way by research design, she found a lack of orientation towards healthy eating in their talk which she suggests indicates need to foster narrative space around participants' own values in relation to food and feeding.

In essence, qualitative research has largely remained within a biomedical understanding of health and of family feeding as behaviour; and is seeking ways to contribute to an understanding of feeding that originates in positivist research and of how to enable changes considered necessary in the light of research findings. It is worthy of note, that although studies have elicited data from mothers that shows buying vegetables is associated with the identity of being a good mother (Noble et al., 2007); that mothers value health messages that position them as health educators of children (White et al., 2011); and see family meals as opportunities to develop relationship with children (Fulkerson et al., 2011, Malhotra et al., 2013), the published reports stressed the value of this knowledge to researchers and not to parents themselves. It was used by researchers in the development of health messages to promote change and in furthering researchers understanding of maternal motivation to purchase foods and provide family meals.

1.5.2 Gaps in Knowledge

Knowledge of mothers' family feeding in currently published health research as exemplified in the reviewed studies has been predominantly established by third party researchers with interest in bio-medical pathology and behaviour change. The adopted research approaches are positivistic reduction and qualitative interpretation of behaviours associated with child pathology. Mothers as fully human integrated 'persons' engaged in feeding their families are conspicuous by their absence in research in which they are objectified; or interpreted by others; or in which they participate in research designs that are confined within researchers' own understanding and interest in family feeding and health interventions.

In my extensive and comprehensive review of literature associated with mothers' family feeding which commenced in 2006 for my Masters Dissertation (Kennedy, 2008 Unpublished) and in ongoing updates between 2008-2014, I have not come across any published accounts of Mothers in a deprived area undertaking a Co-operative Inquiry (Heron, 1996) into their own practice. This thesis, in which mothers' describe and explain their practice, can contribute to a more comprehensive understanding by all, about what feeding the family means to

mothers and the influencing context in which it is given meaning. This gap in the established body of knowledge will be addressed in this thesis.

1.5.3 Limitations and Strengths of Part 1 of the Review

The limitations of the review extend in part from its sole use of published papers without recourse to published books on the subject of family feeding where potentially authors might have greater freedom to expand the contexts in which they position their research. In addition, the publication time periods of searches ranged between 2000 -2014, but the majority were conducted for periods between 2009 -2014. While this made manageable the broad sweep approach to enable me to review major patterns in current research interest into the subject, it excludes the contribution made by earlier researchers prior to the emergence of child obesity as a public health problem. Conspicuous by their absence are two classic studies into mothers' family feeding published in book form in earlier dates deVault (1991) and Charles (1988) which present findings about mothers' family feeding from feminist and social science perspectives. Although not mentioned in the review they nevertheless fit within the categories of research approaches already identified in the review, namely an interpretation given from feminist and social science perspectives.

The strengths of the review, albeit with limitations, is that it has identified patterns in research into family feeding that points to an epistemological gap in the body of knowledge about family feeding, namely the participative reality of mothers feeding their family.

Part 2

1.6 Participative Standpoint

As will be explained in detail below, from the participative standpoint, mothers' practice of feeding the family is a participation in the world of people, places and things that she encounters in the actions she takes; and the sense she makes of her experience.

1.6.1 The Ontology: A Participative Reality

A scientific orientation to knowledge posits it as having a reality independent of the knower, but another alternative way of understanding knowledge is to see it as a relationship between the knower and what is known: the 'Participative Reality' (Merleau - Ponty, 1962, Reason and Rowan, 1981, Heron, 1992, Reason, 1994a). This understanding of reality is rooted in phenomenology (Husserl, 1964), and posits that the world we know is a mind-world in which through creative mental processing, our participation in the world takes on symbolic forms of meaning as images, words and concepts upon which we act (Heron, 1996). This perspective requires us to view the actions mothers take to feed their families as their participation in, shaping of, and coming to know the world in which they practice; and knowing themselves in relation to it.

The world of practice as experienced through the unique human capacity to feel: human personhood (Heron, 1992), gives rise to tacit and explicit forms of knowing about self in relation to the world and the people, places and things in it. All knowledge is rooted in the bedrock of feelings and emotions from which we tacitly and intuitively grasp the meaning of what we have experienced. Some meanings can become more consciously known and conceptualised as ideas that form the intentions upon which we consciously act. Practice, as such, is a process of meaning making that has alternating pulses: participation and reification. Participation in the given cosmos of people, places and things through the experience of feeling and emotions: and Reification of that inchoate experiential knowledge into more recognisable forms of knowing: image, concept and practical action. This is what Heron (1992) refers to as an extended epistemology.

1.6.2 The Extended Epistemology: Practice as Process

Heron's (1996) theory of knowledge: an extended epistemology, posits practice as a form of knowing: practical know-how, and as part of the process of coming to know. Developed in the field of psychology, the theory emphasises whole person involvement in learning and of knowledge as a systemic process. It posits that reality is known in four interrelated forms: embodied experiential knowing; imaginal

knowing; conceptual (propositional) knowing; and practical know how. Practical know how, is seen as the primacy of knowledge but it is understood to arise from the embodied feelings and emotions engendered in personal encounter. Encounter is to be understood as feelings and emotions engendered in the present moment of face to face meeting; and also encounter through psychical perceptive processing of past patterns of experience known to us as image as well as what conscious sense we have made of it.

Meaning is intuitively (tacitly) grasped in imagery and may remain tacit; or it can become more consciously known and expressed in words. Both tacit and explicit knowledge of experience provide the context in which intentions to act are formulated and experience given meaning. Although practice as an extended epistemology (Heron, 1996) can include technique and technical performance in specific situations, it can also be applied more generally to mean the practical 'know-how' of flourishing in the world in which we live. Practice has an historical dimension as it expresses what has been learned in recent and more distant past from experience.

1.6.3. Validity

Heron (1996) portrays practical action as the apex of a pyramid of knowledge (Figure 5 below). An understanding of practice is considered valid when it can be shown to be grounded in the experience of doing it, that is feeling and emotions generated in practice are congruent with our intuitive and conceptual understanding of what it is we have done; and when the action has achieved what was intended. This is termed validity in truth values. Practice is considered valid when it is both grounded in and generative of a lived experience that the person values as being of worth. An experience of worth axiomatically makes the practice which engendered it of worth: valid. This thinking can be applied more generally so that experience of human flourishing can be looked upon as giving rise to and being celebrated in valid ways of being in the world: validity through being values (see Figure 5 below).

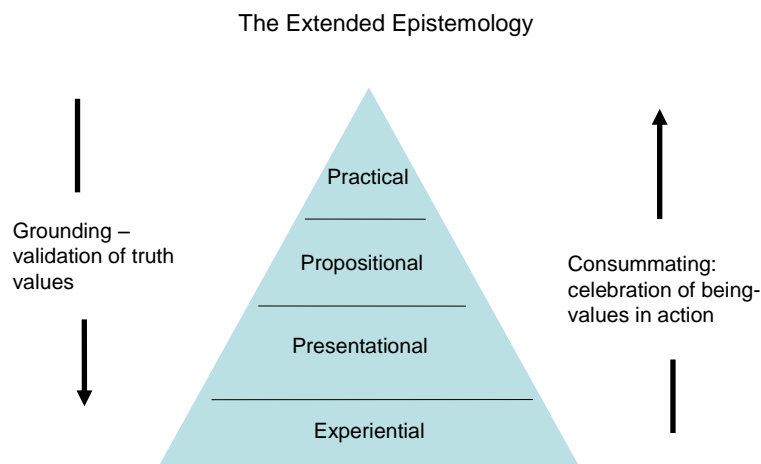


Figure 5 Pyramid of Knowledge (Heron 1996)

1.6.4 Practice and Values.

Heron (1996:17) makes clear the relationship between practice and values:

"Action manifests personal values, or the suppression of it. Every authentic preference involves an explicit or implicit vision of a valued way of life, or of some aspect of it. In this sense, action, as an expression of preference, manifests personal values".

Heron's (1996) understanding of practice as an expression of what a person values, implies a society in which individuals are free to formulate from their experience, a vision of a valued way of life, and act upon it. In this respect, it has similarities with Freire's (1972) understanding of human praxis as the right of the individual to name their world, to utter the true word which expresses their experience and to have freedom to act upon it.

1.6.5 The Ecology of Practice

Ecology recognises the inter-relatedness and interdependence of all parts of the natural world (of which human beings are a part) as a complex system. Bateson (1972) argues in similar fashion, that ideas form part of this ecology, since people

are connected to each other through ideas that can have influence across distance and through time, long after the originator has passed away. Practice as participation and reification (Heron, 1996, Wenger, 2001) that produces concepts and ideas connects us to the earth and to each other. As individuals we are corporally linked to the world in the material of the body; and to each other we are linked through the embodied feelings and emotions engendered in face to face encounters; and in the meanings we make and give expression to in word and action. Individually distinct from one another and the earth; we are nevertheless part of one another and of the earth and all living things in it (Capra, 1996).

What we individually know of experience we individually and collectively express in our words, stories, cultures and institutions etc. which become the world we experience and act in (Freire, 1972). Action in this world, expresses knowledge of a world that has roots across distances and through time and has originated in many minds (Capra, 1996). Our actions reflect what we have learned about the world and how it works and our place in it (Murphy, 1999). Bringing these theories into relation with family feeding, a mother's practice of feeding the family expresses not only her conscious intentions related to the provision of food but her intentions are made meaningful in the context of how she understands the world and her own and her child's place in it. To make changing to new practice meaningful, may require new learning about the world¹.

1.6.6 The Scientific and Relational Orientation

Key to an understanding of the inquiry process as used in this study and to the significance of its findings is the distinction between the scientific and relational orientations. The scientific orientation can cross into all research approaches other than that of the participative standpoint. It is a tendency to see what has been experienced as a discrete entity with distinguishable characteristics that when adequately described, explained, measured etc. can become known in the same way to all knowers. The relational orientation recognises that what has been

¹ In Part 3, I introduce theories of Learning

experienced is unique to each person and can only ever be approximately and incompletely expressed. As noted by Uhl-Bien and Ospina (2012) in action research, placing emphasis on knowledge as relationship is disorientating. What had been previously understood as having an existence of their own is found to be a form of participation. Virtually all faculties traditionally attributed to the internal world of the 'agent': emotion, motivation, memory, and experience are essentially within a relationship:

'....in all we say and do, we manifest our relational existence We must abandon the view that those around us cause our actions. Others are not the causes, nor we their effects. Rather in whatever we think, remember, create, and feel, we participate in relationship.... ' (Gergen, 2009:397).

Albeit with our sense of distinctness and separateness from others, **who** we are, **is relationship**.

Part 3

Learning theories presented below are used by the author in ways that fulfil the role of theory in action research: To guide research practice; to resolve issues as they arose in the inquiry; and to provide a context in which to ground the hypothetical meanings of data (Winter, 1998).

1.7 Theories of Learning

1.7.1 Practice as Learning and Identity

For Wenger (2001), practice is a process of participation and meaning making: it involves learning about and giving meaning to what we do; and to the relationships with others that are shaped by that doing. In the workplace, reification can take human persons out of the practical learning that has meaning in the dimensions of a person-in-action with people in a time and place. There is an assumption that know-how has a substantial existence that can be transferred across these dimensions when it is reified as policies, documents, procedures etc.; and in a shared repertoire of resources such as specialised use of words, ways of doing

things, stories, and concepts developed together etc. These reified forms are often useful but can be inflexible, and like all meanings, are historical.

Meaning and Identity

Relationships in a community of practice working effectively together, are enabling of each other's practice to allow the job to get done; and they also give coherence to a group. The experience of a 'community of practice' is unique to the group and their situation, but it is not necessarily positive. In workplace communities where practice is constrained or coerced through a hierarchical imposition of rigidly defined aims, structured relationships and process etc., creativity is also quenched, and with it, the ability to make work and its attendant relationships meaningful. In such contexts, social learning tends to reproduce the status quo, as its members are not free to negotiate what meaning their practice as participation hold for them (DePalma, 2009). When managers for example, view and organise work in a scientifically ordered manner in which people are perceived as functional capacities and resources and primarily valued in terms of productivity, workers become alienated. Their prescribed identity and its attributed worth overwhelms their personal capacity to relate meaningfully to their work (Morin, 2004). As meaning is a coordinating and integrating source for one's own actions as well as for the interactions with others, once lost, motivation has to be invented (Sievers, 1994).

Not being allowed to negotiate the meaning of work and identity, may have a global effect on the person and how they do the job. Identity as a self-concept is recognised as being a resource and a system that influences "what we remember, how we remember and the sense we make of our experience' (Oysterman, 2004:7). It is the seat of basic effectiveness and competency drives, reflecting an innate need to become effective, more competent over time (Maslow, 1970). Data that emerged in the thesis is explained in terms of identity formation and self-esteem as a resource for health. Transformative learning experiences in the inquiry facilitated the development of changed relationships that fostered newly emerging identities.

1.7.2 Transformative Learning: Changing Relationship

A closed system, where the powerful hierarchically distribute meaning and identity, produces the alienation, vulnerability, narrowness, and marginality that results when practice identity is not negotiable (Wenger, 2001, Morin, 2004). In a transformative learning experience, the dialectical relationship between the self and society is explored by means of reflection, dialogue, critique, discernment, imagination and action. Those things that constrain the degree to which 'we can be who we are or what we are' (Dirkx, 1998:8) are identified and resolved. York and Kasle (2006:45) explain this as 'a holistic change in how a person both affectively experiences and conceptually frames his or her experience of the world when pursuing learning that is personally developmental, socially controversial, or requires personal or social healing'.

Dirkx (1998:2) distinguishes between adult education as instrumental: 'a means of adapting to the needs and demands of the broader, socio-cultural context' and as transformative: when consciousness levels are raised. Four different approaches to transformative learning include: transformation as consciousness raising (Freire, 1972); transformation as critical reflection (Mezirow, 1991); transformation as development (Daloiz, 1986); and transformation as Individuation (Boyd and Myers, 1988) .

For Freire (1972) and Mezirow (1991) consciousness raising involves critical analysis of previous ways of understanding and repositioning oneself in relation to the world based upon rational thinking. Boyd and Myers (1988) understanding of transformation on the other hand, is in Jungian (1969) theory by which a person comes to recognize and develop an awareness of who they are and how they relate to others. It moves away from learning through analytical processes of critical consciousness, towards the expressive or emotional, spiritual dimensions of learning, in which deep seated images such as that of 'mother' may play an important symbolic role. The outcome of this spiritual process, is not primarily rational clarity but felt as 'a commitment to an altered way of being with one's self in the world ' (Boyd and Myers, 1988:276). In the thesis, the symbolic meaning of

bread and bread making is suggested as a means of enabling transformative learning and self-actualisation for some participants.

1.7.3 The Drive for Learning and the Emergence of Ecology and Spirit

Self-actualisation for the mothers in the inquiry, as for all human beings comes from a felt need to actualise our full human potential that involves more than just surviving in the world. It involves a person making sense of their relationship with the world of people, places and things they encounter. The concept of self-actualisation, the actualisation of potential, is a complex concept that is widely recognised but somewhat differently expressed by theorists. It is explained by Freire (1973) as man's ontological vocation, that is, the human capacity to reflect creates man's need to become conscious and to name the world. Heron (1992a) speaks of something called 'entelechy' which he views as an embodied knowledge of potential which endows human beings with a felt need for growth and development as persons. Maslow (1970) views human beings as motivated to meet a hierarchy of needs which are finally fulfilled in self-actualisation; and Rowan (2001) considers self-actualisation more complete when the person transcends their individual self-identity to experience their connectedness with other beings: the emergence of the spiritual self. The spiritual self of a mother emerges as an outcome in this study when mothers begin to invest non-material aspects of themselves in their work, transforming both their practice and their experience of connectedness with others.

Although work is often understood in terms of employment, Morin (2004) suggests it can also be understood to include any activity or effort, paid or unpaid, that is directed toward accomplishing or producing something that fills a societal or organizational need. Work can be a means of realizing meaning and one's self through it (Morin, 2004, Lips-Wiersma and Morris, 2009). As a means of learning about oneself and what in one's work is deeply meaningful and purposeful, work has a spiritual dimension as well as a productive function (Dirkx, 2013) and therefore has direct and indirect social implications (Dik and Duffy, 2009).

Finding personal meaning in work makes it an expression of the immaterial part of us, in the external world. As such, “work comes from inside out; work is an expression of our soul, our inner being” (Fox, 1995:5). The characteristics of work found meaningful include its social purpose; moral correctness; achievement-related pleasure; autonomy; recognition, and positive relationships (Morin, 2004) and can be described as feelings of: ‘interconnectedness, meaning and purpose, and inner peace and calm’ (Mitroff and Denton, 1999:83).

Part 4

1.8 Bringing it all together: Health, Learning and Research

1.8.1 Feeding Practices as a System

Health research has produced a fragmented picture of family feeding as behaviour composed of variable entities of interest to third party quantitative and qualitative researchers. Analysis of the correlation studies [1.2 -1.2.11] undertaken by the author showed the complex inter-relationships that has been identified between the variables themselves as well as with the outcomes of child diet and weight. The variables were categorised as being either maternal or child related factors [1.2.1] and their associations to mother and child has been mapped by the author (see Figure 6 below) which provides a visual pattern model of explanation (Diesing, 1972). Models presented in this thesis are pattern models; they are not intended to be predictive and are therefore not testable. They are intended to be explanatory diagrammatic representations of available data and may highlight the potential presence and interconnectedness of systems.

They can become more detailed or amended as new information is produced. In this case, the model, Figure 6, shows family feeding as a system of variable influences acting upon the identified bidirectional feeding relationship between mother and child. This relationship was identified in positivist [1.2.3] and interpretative studies (Webber et al., 2010, Carnell et al., 2011). The studies retrieved in the strategic sample touched upon neighbourhood factors: availability

of foods and shops and relationships with retail employees, and socio-economic demographics, the model shows this as maternal health and social characteristics; and neighbourhood level material and social deprivation.

1.8.2 Feeding as a complex system

The model (Figure 6 below) would indicate that as opposed to being a volitionally controlled behaviour, the complexity of mothers' feeding of their families would be helpfully understood to arise from a complex relationship between maternal and child variables that is nested within influencing contexts of maternal health and social characteristics and neighbourhood. Support for an understanding of family feeding as a system, has been provided in structural equation modelling which reveals that mothers who reported greater demographic risk and more depressive symptoms showed higher rates of negative parenting. In turn, more negative parenting predicted higher child impulsivity ratings, which were related to higher food approach scores. Finally, children who scored higher in food approach had higher BMIs (Braungart-Rieker et al., 2014).

Braungart-Rieker et al.(2014) are however, attempting to trace linear causal relationships within the system, while the complex nested relationships shown in Figure 6, would indicate that concepts from dynamic complexity theory might also be applicable in that it explains change in nonlinear dynamics (Liebovitch, 1998) . What is meant by that in this thesis is that systems active in a mother-child relationship; and in the nested health and social contexts; and in the neighbourhood context, may potentially converge in some circumstances to create a more obesogenic environment. The point of convergence in related dynamic systems: strange attractors, allows small changes in any one system, to change the effect of the whole system.

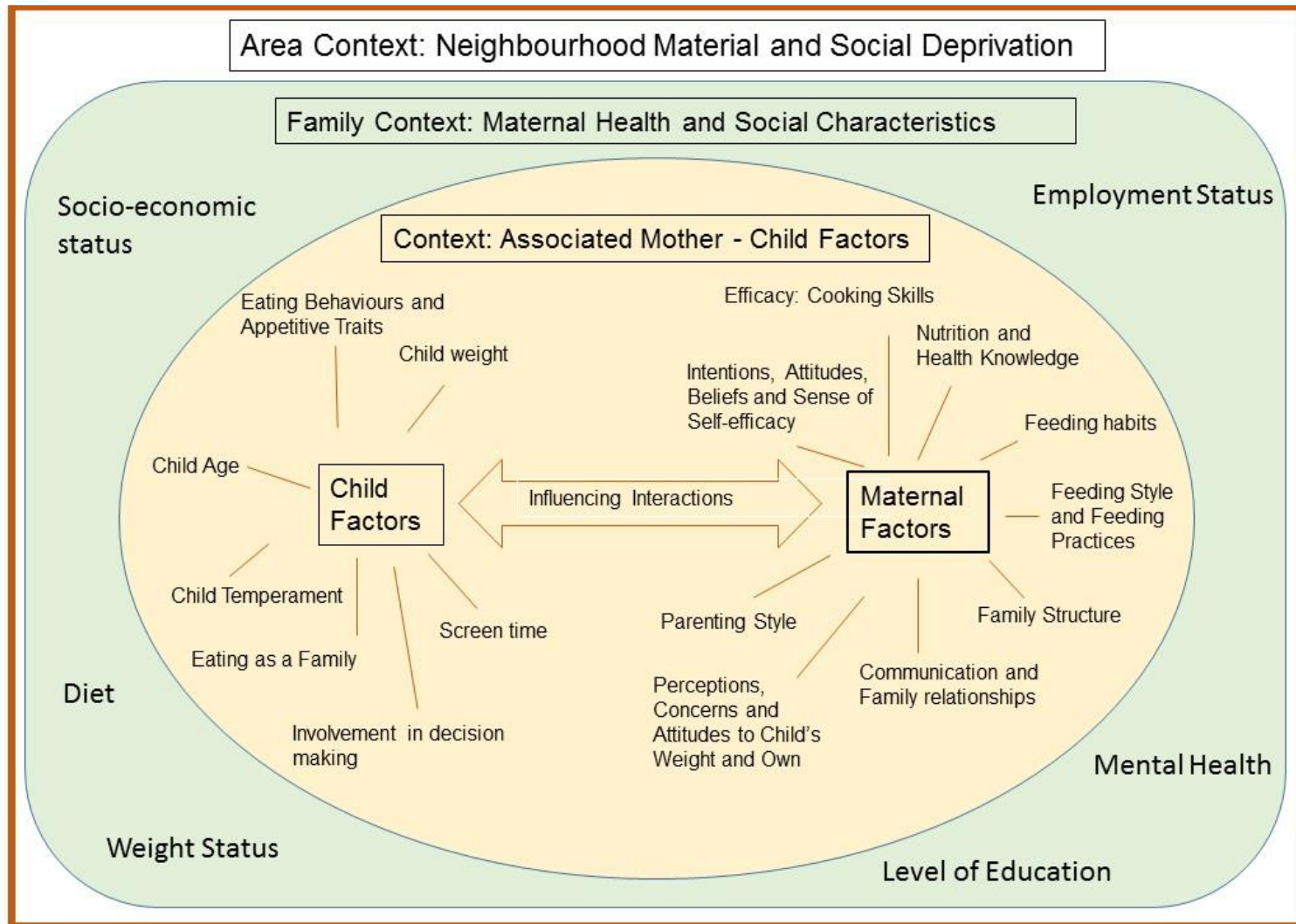


Figure 6 Family Feeding as a System

In the model Figure 6, the bi-directional mother child-relationship, would present itself as such a focal point that might be sensitive and responsive to changes in any of the systems shown e.g. Child behaviour; child temperament; parenting style, mental health etc. The model explains current interest in the reductive aspects of the feeding relationship between mother and child. The focus of this inquiry and thesis, however, is on the mother, as a practitioner and as a person, in whose experience the influencing systems also converge in ways that will create the meaningful context of her practice.

1.8.3 Implication of the Literature for Health Promotion

The literature review indicates the complexity of family feeding and that it may be potentially understood in terms of a dynamic system which is only in small part within a mother's volitional control. Current health strategies aimed at improving family diet (Department of Health, 2004, 2005b, 2005a, 2007, 2008a, 2011a), on the other hand, makes use of social marketing and forms of health education such as Fit4life, that rely heavily on a mothers' ability to influence and control what food children eat. Despite promotion and enablement of healthy eating through 5ADay campaigns, Healthy Start and Change 4 Life, a recent report shows the overall household purchase of fresh and processed fruit and vegetables are on a downward trend, with fewer than 1 in 4 children eating the recommended amount (HSCIC Lifestyles Statistics, 2013). There is recognition of the difficulties experienced in low income families to prioritise healthier foods (Department of Environment Food and Rural Affairs, 2012) in the context of rising prices of fruit and vegetables and foods in general (Department of Environment Food and Rural Affairs, 2013). There is some evidence that they are offset in part, by the Healthy Start Programme of subsidised foods, and that those participating in the scheme increase their purchase of fresh healthy foods (McFadden et al., 2014). Purchasing however, does not always portray what children eat (Kennedy, 2008 Unpublished) as some mothers buy vegetables, but leave them to rot in the fridge.

Health promotion strategies have been criticised for the emphasis they place on individual responsibility for health through lifestyle change and health education (Whitehead and Irvine, 2011). Government emphasis on their role as being the providers of health information to individuals (Department of Health, 2008b) appears insufficiently supportive, if one views mothers' feeding behaviour as a system of influences (Figure 6) over which she has little volitional control.

1.8.4 Critique of Current Health Strategy

The following critique of current health strategy is undertaken from the perspective of a Participative Standpoint, which as explained in section [1.6] views all knowledge as a unique relationship between the knower and what is known. Knowledge is located in a person, who by virtue of their experience of the world is connected to the world and to all others in it through ideas, social norms and interactions, social institutions and practical actions. As such, knowledge is viewed as a process of coming to know within a system of relationships that have roots that stretch across boundaries of time and geography: an open system. What is understood by any individual is however shaped by their personal history, and their understanding of the world and their place in it. This perspective brings standards of validation of knowledge and practical action [1.6.3-1.6.4] that requires a 'knower' to recognise themselves as creators of a knowledge which will always be partial as it is personally contextualised; and when expressed, will always have some impact whether positive or negative, on others. Participatory knowledge creation is therefore not just a political nicety, but necessary to produce knowledge that is epistemologically sounder and socially more just. It is on this basis that I critique current health strategy.

1.8.5 Health Strategy: Partiality of its Knowledge Base

The analysis of papers undertaken by the author to identify the contexts in which research findings are given meaning by researchers, has highlighted a hidden factor in current understanding of family feeding. Knowledge and understanding of family feeding as behaviour, is currently enclosed within the context of a

researchers' interest in the subject, and presumably what funding they can obtain for their research; and what subjects are currently topical and of significance for health related publication. This is a paradox, because the theoretical assumptions of scientific standards of validity assume that researcher influence is excluded though procedural rigueur. On this assumption, scientific researchers do not feel the need to locate themselves personally or socially in their research; or acknowledge that personal, professional and social interests have influenced where they have focused their interest and therefore inevitably what they find and the context in which it is given meaning

It is worthy of note, that although health research into mothers' family feeding as behaviour is given meaning in the context of child obesity which is associated with poverty and deprivation, the overarching context of health inequalities: unfair systems and social injustice, did not feature as a variable in the focus on feeding practices or in the discussion of the papers reviewed. Child obesity is not only an illness, but a health inequity, and as such, it is socially produced, systematically distributed and unfair (WHO, 2010).

1.9 Incongruence between Health Promotion Theory and Research

Participation and empowerment; individual and community development; and social justice are key principles of health promotion (WHO, 1978, 1986, Nutbeam, 1998, Wallerstein, 1992, Wallerstein, 2002, 2006, Rifkin, 2003, Woodall et al., 2010). They are regarded as the means through which health can be promoted and health inequalities reduced, as individuals and communities take control of their own lives (Labonte, 1998, Wallerstein, 2006). Health research into feeding of the family however, has largely objectified mothers in their research, which has been conducted in the light of third party researchers' own interests in pathology.

There is an evident incongruence between what is recognised in theory to be health enhancing processes: participation and empowerment, and health research processes which objectify and makes use of mothers. From a participative

standpoint, this calls into question the validity of current knowledge about mothers' practice when mothers' full knowledge of it is left unexplored. It also calls into question the integrity of health strategies derived from a body of knowledge that is epistemologically unsound, and from any perspective, incomplete. Actions such as health strategies that are derived from it may potentially be unfair to mothers and children.

1.9.1 Participation: Knowledge and Health

Concepts such as participation are caught up in epistemological questions of what constitutes truth (Tones and Green, 2004). Health strategy derived from the instrumental use of mothers in research has by passed what Reason and Bradbury (2001) describe as a cognitive process with an ethical strain. While health research is rationally logical, it is biased towards the pathogenic potential in family feeding. It has conjured up a world which posits cooking and healthy eating as risk aversive behaviours. A mother's role of providing nourishment for her children from gestation and onwards through childhood is rooted in her physiological capacity and in her maternal instinctive and socially learned responses to her child's manifestation of need. The holistic feeding relationship between mother and child which is physiological, emotional and social has evolved as an indispensable human health promoting process. That is, it is inherently salutogenic. Its salutogenic potential has however, been overlooked in health research and its development is therefore not supported in health strategy.

Participation in Health Promotion Strategy

In the strategy 'Healthy Lives, Healthy People: A call to action on Obesity in England' (Department of Health, 2011b), participation in community empowerment is understood in terms of people being given information, taking part in consultation, and through representation having a presence on local Health Watch groups (Department of Health, 2010). Participation in this context has been substituted by representation in a utilitarian model of health promotion (Morgan,

2001) where the problem has already been defined within a biomedical model of health; and involving people at this later stage makes them instrumental to delivery of service priorities and objectives. Participation as representation is described politically as “decentralisation with an emphasis on localism” (Social Exclusion Unit, 2000), and critics imply it is a quasi-consumerist approach to the delivery of public services (Marinetto, 2003). Far from empowering, it is frequently found to be a disappointing experience by participants from deprived areas who find they have no real power (Dinham, 2007).

Rifkin (1996) noted the gap between the rhetoric and the reality of participation in health. She argued however that participation as originally envisaged in Alma Ata (WHO, 1978) is not able to address problems rooted in both health and politics as its operation was so broadly defined. The term participation is now frequently supplemented or substituted by use of the term empowerment that is intended to explicitly address the issues of social and political change; and looks at liberation, struggle and community activism. She suggests that empowerment confronts the issue of power while participation does not necessarily do so (Rifkin, 2003). In government health literature as shown above, participation is understood and spoken about in reified forms of system and process, in contrast to participation as understood in the participative standpoint: action, experience and meaning.

Health, Knowledge and Community Participation

The principles of democratic knowledge creation inevitably aligns itself epistemologically with a bottom-up community development model in which participants engagement leads to ‘increased self-reliance and decision-making power over the issues they identify as constraining their wellbeing’ (Labonte, 1993, p. 237). Labonte (1998) argues that knowledge is what empowers movement along the continuum of participation that begins with personal engagement in small groups and may lead on to collaborative social and political action. Participation can result in individual psycho-social empowerment that increases self-esteem or confidence; and ultimately community development (Labonte, 1998). This is

because belief in one's ability to act collectively (Wallerstein, 2006) and at a community level, increases local action and transforms local conditions (Wallerstein, 1993). It strengthens operational domains that include participation and leadership (Laverack and Wallerstein, 2001). Individual and community empowerment necessarily go hand in hand as they are characterised and reliant on the capacity of individuals to participate in social relationships and to collaboratively act with others.

1.9.2 Individual Identity and Community Participation

Participating in action with others can confer a sense of belonging and social identity (Campbell and Jovchelovitch, 2000, Reicher, 2004); and establish social capital (Coleman, 1988), which are social relations that enable collective action for the common good. Social Capital is associated with reduced health disparities (Baum, 1999, Islam et al., 2006, Putman, 2004) which may effectively mean that a sense of belonging to a group involved in social action for a common good bestows a more health enhancing sense of identity.

1.9.3 The role of Trust in Social Capital and Health

Reciprocity and trustworthiness (Putnam, 1993, 1993, 1995, 2000, 2004) as shared patterns of thinking and behaviours (Uphoff, 2000) are cornerstones of social capital and leadership development (Putnam, Leonardi et al. 1993; Bjornskov 2006; Dearmon and Grier 2009). Since social capital is associated with reduced health disparities, then the capacity to trust and be regarded as trustworthy by others is a health enhancing quality. As a precursor of social capital, trusting relationships give those involved, access to a wider range of resources than they individually possess: bonding social capital can enable an individual to experience the power of a group; and trusting relationships across hierarchical divisions can allow access to wider networks of resources and influence (Szreter and Woolcock, 2004). As such, social relationships formed in participation in community development, can become channels for the natural flow

of power related assets such as social support, material resources, access to larger networks and other 'capability' resources (Labonte and Laverack, 2001).

1.9.4 Participation: The Full Engagement Scenario

The full engagement scenario of individuals and communities envisaged by Wanless (2004) that is unashamedly derived from a financial overview and acknowledged as a means of controlling the spiralling costs of health care, is now a foundation principle of UK Public Health Strategy. It is unsurprising then that the model of participation in UK health promotion strategies [1.9.1] are developed from a utilitarian perspective, in which participation it is viewed as a means to an end. Ultimately as a means of enablement that will reduce the economic burden, rather than of empowerment as the end in itself.

Participation as understood in health strategies reflects the scientific orientation [1.6.6]. It is understood as an entity that has form, as for example, an individual's attendance at a service; or representation in a group through voting; or discussion and decision making to create knowledge that is transportable and applicable elsewhere.

1.9.5 The Emergence of the Research Questions

The lived reality of mothers who feed families and the meaning they give it is of marginal interest in a scientifically dominated culture in which disease prevention and interest in pathology predominate. Yet meaning is the coordinating and integrating source for one's own actions, as well as for the interactions with others. When meaning is lost, people become alienated from what they do, and motivation, has to be invented (Sievers, 1994). What meaning does feeding the family have for mothers and how would they describe and explain it? It is time for this pioneering study which will make an attempt to address this gap in the current body of knowledge. A gap which is the absence of mothers' own participative knowledge of their family feeding practice.

1.10 The Research Questions

1.10.1 How do mothers describe and explain feeding the family and what meanings does it hold for them?

This would require mothers to engage in answering the following subsidiary questions?

- What actions do mothers take to feed the family?
- What experiences are engendered in action?
- What meanings do these experiences hold?

The inquiry process of reflection on action, is an experiential learning process, and so leads to the second question:

1.10.2 What learning have mothers gained from engagement in the inquiry?

Mothers in Parr live and bring up children in an area of deprivation with high rates of child obesity. Literature shows ways in which mothers feed their families is associated with child obesity risk which is also associated with deprivation. It leads me to the next question:

1.10.3 What significance will the Inquiry Findings hold for Health Promotion Theory?

My intention is to reflect on the inquiry and its findings in the light of theories of Health, Knowledge, Learning and Identity; and on empirical evidence of health inequalities. My aim is to ascertain if mothers' lived experience of feeding the family in an area of deprivation might throw light on the systems of influence at work in this community that perpetuate health inequalities.

Summary

In this chapter I have identified family feeding as a system of influences that bear upon the bidirectional influencing feeding and eating relationship between a mother and child (Figure 6). I have identified an epistemological gap in the body of knowledge about mothers feeding their families which is currently known through third party research and interpretation as opposed to mothers' own understanding of it. This has brought an unintended bias in how it is understood, owing to research interest in child pathology; and a positioning of family feeding and food in a context associated with risk. This bias and an ongoing exclusion of mothers' participative knowledge of practice, has entered into health discourse and policy and strategy development.

Strategies are predominantly based upon research that has instrumentally used mothers, and as such inherently carry risk of being both epistemologically and ethically unsound. It has led me to pose the research questions above, through which I hope to gain a better understanding of what it means to be a mother bringing up and feeding a family in a deprived area; and to potentially bring insights about how best to support them in doing this. The methodological choice of a Co-operative inquiry strategy will be explained in the next chapter.

CHAPTER 2

CO-OPERATIVE INQUIRY

In this chapter, which is in two parts, I first identify the aims and objectives of the inquiry into mothers' practice of feeding the family; the research topic and the methodology of a co-operative inquiry strategy. This is followed by the methods used in the inquiry; and finally a critique of co-operative inquiry as a form of health research. In part 2, I describe the process of establishing the inquiry.

2.1 The Aims of the Research

The aim of the research is to extend the body of knowledge about mothers' family feeding by bringing to it, insights into mothers' participative knowledge of feeding a family in a deprived area, which is an identified gap in literature.

2.1.2 My Objectives are Twofold:

- To undertake the facilitation of an inquiry into the day to day practice of feeding a family as known to mothers in Parr in order that they can describe and explain what feeding the family means to them; and what they have learned about the topic during the inquiry and from the collaborative process.
- As a health theorist, to reflect upon the inquiry process and its outcomes for what significance they hold for health promotion.

2.1.3 Research Topic: Feeding the Family as a Field of Experience

In keeping with the ontology of a participative standpoint [1.6.1], 'topics' of inquiry do not refer to an objective reality, but to a reality known through the process of participating with it. Heron (1996:37) likens reality to a fabric that is 'cut to our cloth'. In this context, feeding the family is an experiential field in which the researchers are intended to immerse themselves with increasing attentiveness to

what is present in their conscious awareness as they practice. Awareness in experience can be described as feeling a 'presence' of some energy, person, place, process or thing (Heron, 1996:52). The significance of paying heed [2.2.5] and taking note of presences rather than speaking of what is experienced, is a recognition that what is being experienced is far more, at any given time, than that of which we are consciously aware. What we are consciously aware of, is only ever a part of the complete experience which can be incompletely but more fully tacitly grasped and intuitively expressed in creative presentational forms of art, poetry, dance and metaphor etc., than in conceptualised explicit statements. Both tacit and explicit understanding, inform the intentions that direct our response to what was experienced. In other words, the knowledge generated and actions taken in practice, is an extended epistemology (Heron, 1996). This theory of knowledge posits feelings and emotions, images and intuitions; conceptual understanding and practical action as forms of knowing [1.6.2].

Axiomatically, a mother's participative knowledge of feeding the family is therefore not a definitive single truth but will always be an individual interpretation of a partial awareness of what is present in the field of experience. This concept of knowledge is adeptly expressed by Rowan and Reason (1981:136): ' We no longer see truth as something impersonal, which hangs luminously in a void, but as something attached very firmly to a person, and a time, and a place, and a system'.

2.1.4 Introducing the Co-operative Inquiry Strategy and its Potential Outcomes

The co-operative inquiry strategy originated in a seminal work by Heron (1971) that was part of new paradigm human inquiry (Heron, 1981; Reason, 1988,1994; Reason & Rowan, 1981). New "Paradigm Inquiry" now embraces a large family of action research strategies such as human inquiry, pragmatic action research, participatory action research, action science, and action inquiry (Kasl and Yorks, 2010). The essentials of a co-operative inquiry is the 'engagement in a process of collaborative discovery marked by participation at all phases of the inquiry process;

authentic reflection on the interests that motivate their participation; and the honouring of holistic perspectives on the construction of valid knowledge' (Bray et al., 2000:6).

2.1.5 Outcomes of an Inquiry

Heron (1996:105) has identified four inter-related outcomes of a co-operative inquiry that relate to the four forms of knowing. The four outcomes and ways in which they can address the research question and my objectives are outlined below.

Outcome 1 Experiential knowledge of Personal Transformation: Changed feelings and emotions through engagement and the participatory collaborative process of the inquiry.

- Question [1.10.3] is answered by presenting participants transformative insights about their practice and a transformed experience of participation as bonding in Chapter 6

Outcome 2 Presentational Knowledge: Insights about the focus of the inquiry expressed in creative form through dance, drawing, drama and other presentational forms. These creative forms are imaginative symbols of what was experienced which when contemplated upon can enhance consciousness of an intuitive grasp about the meaning of the experience.

Outcome 3 Propositional Knowledge: Reports which are informative of the inquiry domain, that is, they describe and explain what has been explored; provide commentary on other kinds of outcomes; and describe the inquiry method.

- Question [1.10.1]: is answered in this outcome which is an informative report (Chapter 6). It provides descriptions and explanations of family feeding practice as experienced and given meaning by the mothers.
- My reflections on the significance of the inquiry findings for health theory are presented in Chapter 7.

Outcome 4 Practical skills: skills to do with transformative action within the inquiry domain; and skills to do with various kinds of participative knowing and collaboration during the inquiry process.

- Practical skills and transformative insights related to feeding the family are presented in Chapter 6
- Practical methods developed in the inquiry to facilitate participation reflection and dialogue and collaborative working are presented and critiqued in the methodology section Chapter 2.
- Practical ‘know-how’ of inquiry facilitation that I have developed in the inquiry, can be seen as the dimensions of work required to build an empowered community: They are presented in Chapter 7.

It is worthy of note that the single planned outcome for the inquiry was the description and explanation of the practice of feeding the family. Participants were informed in writing that this was the objective of the research prior to obtaining their informed consent. In the ethical application, I noted that the inquiry process was one of experiential learning for participants but change was not planned as part of the inquiry. Approval was given by the ethical committee on this basis.

2.2 Methodology of a Co-operative Inquiry

The methods employed in co-operative inquiry are ways of ‘trying to get nearer some notion of truth’ (Reason, 1981) about what has been experienced. An understanding of two types of validity (truth and being values) in an extended epistemology was discussed in [1.6.3]. Congruency between the four forms of knowing is taken to mean that each of the four ways of knowing something is ground in experience and therefore valid: truth values. Practice can be validated when it arises from and gives rise to a valued way of life: being values.

2.2.1 Specific Perspectives on Practice Validation (Heron, 1996)

Heron (1996) proposes that the following perspectives can be brought to bear when considering the validity of practice, and they include psychological effect:

- Is the practice free from personal distress?
- Is its intentionality based upon a vision and not just an adaptive pathology survival response?
- Is it value based: inherently worthwhile and based upon human values and flourishing?
- Is its executive role performed: can it be managed under difficult circumstances with an economy of effort and grace; and as a technical execution: does it achieve its purpose?

2.2.2 The Rational Method

The rational method in Co-operative Inquiry (Heron 1996) is to establish a process of feedback between two dialectical forms of knowing: propositional knowledge (conceptual knowledge) and experiential knowledge: emotions and feeling. The method must allow subjective feeling and emotion about experience of practice and intuitive insights into practice to be brought into relationship with theoretical explanations of it; congruence between the two suggests that theory is grounded in experience, and is therefore valid.

2.2.3 Inter-Subjective Agreement

When a group with recognisably similar experiences engage in the process together and agree collective statements, their claim for validity is increased. This is described as validation through an inter-subjective agreement which is an agreement by participants that their own unique subjective experience can be meaningfully explained through words. While words are less than complete expressions of the primary meaning known through feelings and emotions; and through intuition and imagery, they are socially agreed symbolic expressions of

experience and its meaning. As such they provide a way of communicating and agreeing with others, what our recognisably similar experiences mean. As part of the inquiry process, researchers need to:

1. Challenge their own uncritical subjectivity and inter-subjectivity, that is, the assumptions (Mezirow, 1991) brought to the research, and the socialisation that shapes use of words and therefore understanding.
2. Manage unaware projections and displaced emotions on the person or actions of themselves and others. This healing of memories involves recovering them and restructuring them with liberating insights.
3. Secure authentic collaboration by being aware of these tendencies in self; and when at work in others, and confront it supportively, in ways that are enabling to them. This requires skills of emotional competence [2.2.6]

Like other forms of action research, Co-operative Inquiry is not initiated with a fully-fledged research design. The participative and democratic process of inquiry evolves over time (Reason & Goodwin, 1999) in a manner that increases participants' capacity to engage in enquiring lives; and to develop inquiries within communities of practice. My facilitation role required me to understand and make use of the skills of inquiry outlined below in order to develop methods that empowered my own development and that of participants.

2.2.4 Inquiry Skills

2.2.5 Paying Heed: Validation and Transformation

Paying heed to experience in enactment of practice is an inquiry skill that assists the validation of knowledge as being grounded in experience (Heron, 1996).

In addition to paying attention, Heron (1996) argues that other forms of heeding are required to bring about transformative learning:

1. Extra-ordinary practical heed – is paying attention to the meaning of a practice while performing it; and radical perceptual heed - sensitive to

the moment of perception and conceptualising so that usual routine ways of perceiving and understanding do not prevent greater awareness of the total experience.

2. Extraordinary perceptual heed is a 'high quality awareness' (Heron 1996:117), similar to the phenomenological notion (Husserl, 1964) of contemplation of the phenomena coming into being in our consciousness.

These skills enable participants to 'disidentify' (Heron 1996: 120) what they normally see through the lens of assumptions (Mezirow, 1991), and become more conscious that people are seen and heard in terms of the beliefs, norms, values and social structures in our culture; and to be able to conjure up alternative frameworks. Two examples of radical perceptual heed are also presented in the narrative of bread making. One is an example from my own reflection in practice, and the other is that of a participant [5.5.3-5.5.4].

2.2.6 Skills of Emotional Competence (Goleman, 1996):

Emotional competence is the ability to recognise and understand one's own feelings and emotions and their influence on our worldview and action; and to help others do likewise. It involves the skills of expressing the emotions of love and concern, affection and taking delight in others; being aware of but choosing not to act on certain emotions; managing distress emotions of grief, fears and anger.

2.2.7 Skills in the Articulation of Values and Principles

The skill to express congruently in words and in action what is felt to be of value, generally means embracing ethics that promote expressions of what is good in itself, and also what is of value as an end in itself: human flourishing. Heron (1996) conceives it to be a mutually enabling balance between:

1. Autonomy: A state of being in which a person can in liberty determine and fulfil their own true needs and interest.

2. Co-operation: Mutual aid and support between autonomous persons, includes negotiation, participative decisions making, and conflict resolution.
3. Hierarchy: A state of being in which someone appropriately takes responsibility for doing things to other people for the sake of their future autonomy and co-operation, as for example parents in a family.

2.2.8 Skills of Consciousness, Reflection and Dialogue

The prime concern and challenge of a collaborative inquiry is the construction of new meaning (Bray et al., 2000) which involves recognising the unconscious assumptions (Mezirow, 1991) of beliefs and values, that act as lens through which we see and understand the world. Becoming more conscious allows recognition of assumption; and also of values and of their expression in the meanings we attribute to what we have experienced. The skills of reflection which lead to greater consciousness include:

1. Dialectical thinking about reality in a way that incorporates polar perspectives as opposed to binary thinking. Binary thinking only accepts knowledge as true or untrue; of an entity as present or absent in the environment. Dialectical thinking is a way of recognising the relationship between polarities.
2. Ecological thinking is an attempt to abandon mechanistic views of connectedness and adopt a more systemic orientation to reality as being produced through a network of influencing relationships [1.6.6] in an ecological reality [1.6.5]. 'The individual acts upon the system but at the same time he is influenced by the communication he receives from it' (Rowan and Reason, 1981:127).

In other words, while science adopts a reductive approach, in the quest of participative knowledge, dialectical and ecological ways of thinking, build up a picture of how practice connects a person to their world through experience [1.6.5]. The role of the facilitator can be understood in this context as empowering

participants to become more fully aware of what is present in the field of experience; to express and reflect upon them; and to bring different forms of knowing into a congruent relationship; The three strands of facilitation are outlined below.

2.3. The Role of the Facilitator in Co-operative Inquiry

The facilitation role has three inter-related strands: the Inquiry Strand; the Collaborative Strand; and the Emotional Strand. All three strands relate to the empowerment of participants to fully engage in the inquiry (Heron, 1996):

2.3.1 The Inquiry Strand:

Heron (1996) suggests that the role of the facilitator is to initiate participants into a cognitive understanding of the method; and to establish ways, in which people can get to know each other, feel comfortable and talk, and get a clear agreement of the nature of the task. The facilitator can provide an opportunity for participants to sample the methodology: reflection, dialogue and action. In this study, participants sampled the methodology in the enrolment session [2.10.4 (c)]. Participants reflected on what they found helpful in their relationships with others, identified research values and ways of working adopted in this study.

2.3.2 The Collaborative Strand:

In theory, the role of the facilitator is to increase participative decision making which is viewed as a form of political empowerment. In this strand, the facilitator allows and encourages the expressions of different opinions, helps people to listen to each other, and helps the group to find ways of working that incorporates different perspectives. The participative decision making in this inquiry was promoted through the development of a mature leadership [5.4-5.4.2] and a collective learning project [5.7.1]. It ultimately led to a collective leadership model [5.8.1]. Participants developed skills of listening to each other through use of a method developed in this inquiry: The Reflective Investigative Process [2.6].

2.3.3 The Emotional Strand:

This requires the creation of a climate in which emotional states can be identified, so that distress and tension can be openly expressed and resolved. This is to do with emotional and inter-personal empowerment. It recognises each individual has a unique place and makes a unique contribution to the group. To address the pervasive disempowerment experienced by mothers in this community, participants were enabled to contribute their reflections and ideas through use of the Investigative Reflective Process [2.6]. Drama was also used to encourage them to focus on their potential for development and to see the injustice of definitive judgements on babies and mothers [5.6.1]. Participants were supported to recognise and respond to the affective component of relationships through use of a method developed in this inquiry: The Living Method of Participation [2.7]

2.4 METHODS, TOOLS AND CRITIQUE

Introduction

In this section, I present, discuss and critique the tools developed in the inquiry which enabled the participants to engage in the rational method of bringing experience and understanding of it together and to appraise whether they were congruent. The methods have been presented at this early stage in the thesis to enable readers to better understand later references to them in the narrative chapters that describe the inquiry process. In keeping with the quality standards of participatory inquiry however, it is equally important to stress that whilst the methods were developed by the author nevertheless they evolved from the lived experience of the inquiry process through which she gained a growing understanding of the barriers to authentic empowering participation that she and participants faced. The narrative chapters of the thesis describe how need for the methods arose and ways in which they were developed. In section 2.8 I will discuss the limitations of the inquiry and critique the co-operative inquiry strategy as a form of health research.

2.4.1 The Knowledge to be validated:

The objective of my facilitation of the Co-operative Inquiry was to engage with mothers from Parr in an exploration of their participative knowledge of feeding their families so that they would be able to describe and explain it; and to reflect on the what meanings it held. Based upon the Informative Report agreed with participants (Appendix 15), a thematic analysis of transcripts of research sessions was undertaken by the author to produce a more complete informative report. It makes use of research session dialogue and creative art work to illustrate what mothers were conscious of, in the enactment of day to day feeding of the family; a second report has been compiled to present participants' transformative learning and change

1. Chapter 4: An informative Account of Feeding the Family: Description and Explanations of Practice
2. Chapter 6: Transformative Learning in the Inquiry.

In chapter 7, I reflect upon the significance of the inquiry process and outcomes for health theory, and therefore it behoves me to outline what claims I make for the validity of the reports. .

The data and its limitations

The explication of the ontology and epistemology [1.6] establishes that mothers' individual and collective statements about their practice are not definitive truths, but the participants' own understanding of what it is they are doing; and what their experience of practice means. The question then, is whether mothers' understanding of their practice is valid, that is, whether it is grounded in their experience. Heron (1996) argues that claims for this sort of validity are based on use of a **rational method** [2.2.2] by which two dialectical forms of knowing: propositional knowledge (conceptual knowledge) and experiential knowledge (emotions and feeling) are brought into relationship for each to inform the other.

Congruency between the four forms in which practice is known in an extended epistemology; and practice as leading to human flourishing, constitutes two forms of validation [1.6.3]. In addition validating perspectives can be applied to practice [2.2.1]; and when participants engage in the process of inquiry together and agree collective statements, their claim for validity is increased through inter-subjective agreement [2.2.3]. The validity of data in this study is discussed [2.6.8].

2.4.2 Method Development in this Inquiry

The tools developed in the inquiry to enable the mothers to engage in the methodology: use of 'Rational Method' [2.2.2], are summarised below but will be more fully explained and critiqued in subsequent sections of this chapter.

1. The Presence Matrix (see Appendix 4: A completed example) was pre-designed for use in this inquiry as the rational method [2.2.2]. It enabled participants to increase their awareness of the actions they took to feed families and the thought, emotions and feelings their practice engendered. Participants gave feedback on the usefulness of the matrix in developing their awareness and recall [3.1.3] and it therefore facilitated their reporting of factual information. It was also used as a template to collate and analyse data in research sessions [3.5.2].
2. The Investigative Reflective Process (IRP): this method was also developed in the inquiry as a rational method [2.2.2]. Its use supported participants to develop narrative from short chronological accounts of practical actions. It facilitated a more comprehensive recall of the meaningful social and emotional context of practice enabling mothers to formulate theories about their relationship as mothers to the community and society in which they practice. Two different examples of its use are given: Breakfast [3.4 -3.7] and Growing a Story from Bread Making: Appendix 13.
3. Participants created presentational forms of knowing that were used for individual and group reflection to facilitate greater awareness of tacit knowledge of practice. These include poems: Tick-Tock [3.6.2] and Just a

Mum [4.4.5] and Sarah's poem [Figure 17 in 4.3.1]; and Figures 16-19 reported in thesis [4.2-4.3.4].

4. The Living Method of Participation – this process emerged during the inquiry as a means of fostering transformative learning. It involved the use of inquiry skills: radical heed, radical perception, contemplation and articulating values and principles to develop dialectical thinking, dialogical relationships and an awareness of the ecology of practice [1.6.5] as a means of being connected with others.

2.5 The Presence Matrix

The Presence Matrix (Appendix 3) was designed prior to the commencement of the inquiry following a mini trial of the methodology with a young mother from the community [2.10]. It is a simple tool intended to aid the participants' understanding of what is understood as participative knowledge of practice; and in so doing to enable them to develop the inquiry skill of paying heed [2.2.5]. The format of the form identified and made place for participants to record what they might become aware of in practice: their thoughts, feelings, and emotions as well as observable phenomena. In this respect the matrix document is a template presenting the topic as a field of experience [for explanation of field of experience see [2.1.3].

The participants were advised about the different types of data that could be collected and the purpose of data collection [3.1 - 3.1.2]. Participants agreed to trial the presence matrix. In feedback from participants, those that used the form, had become more conscious of what was present in their experience [3.1.3]; and its use by some participants gave them confidence to say that as breakfast time followed a regular pattern, memory recall of any one morning would be sufficient to portray the pattern of their practice and experience at breakfast time.

Some participants' unwillingness, owing to their work burden, to make daily use of the matrix meant that a group decision was made to abandon its daily use and contrasts between week days and weekends were not picked up on by the group; and comparisons of the routine of weekends were not made. This is a shortcoming

as it would have been interesting to know if the same feelings were present at weekends as during the week; and to discuss its significance. While the tool could have been of greater use had it been regularly completed; it was not an appropriate expectation for these mothers, already overwhelmed by their burden of work, to systematically record what they were feeling and reflect upon it, as well as getting on with their work. With the benefit of hindsight, I would more actively encourage those for whom it had not been too great a burden, to continue completing them, as more subtle patterns of experience and changes might have been noticed and become subject of group dialogue. A suggestion for future research might be for those participants who possess smart phones to make use of them to record their feelings and take photographs of the situations in which they were evoked.

2.5.1 Use of the Tool for Collation and Analysis of data

The tool also proved useful in research sessions as a simple way of enabling participants who had never dealt with data before to collate their individual data and analyse it into the pre-established categories of 'presences' indicated in the template. This allowed participants to see that some practices and experiences were common to them all, that is, they could observe patterns: 'themes' in the data. For instance, as mothers each individually added 'children's moods' to the template, it became clear, that dealing with children's moods was a common feature for all the mothers at meal times. Common features were recognised as themes emerging in the data (see Figure 13) and their significance became the subject of group discussion (Appendix 8).

2.5.2 Factual and Narrative Data

A pragmatic decision based upon participants' lack of capacity to engage in daily record keeping and delivery of verbal reports in the group, gave the inquiry a narrative turn [3.2]. The ongoing process of participants' verbal delivery of individual memory based accounts of practice based upon reflection and paying heed; and their use of IRP to develop narratives about practice, provided two distinctly different forms of data: factual and narrative.

The factual data in verbal accounts given by participants in research sessions was based upon memory recall and frequently amounted to a chronological listing of actions taken by the participants that involved all the work necessary to ensure their children were fed. The co-created narrative data on the other hand revealed the wider context of experience in which the actions arose. The context of practice emerged in the narrative through the questions posed to the teller by other mothers.

These questions inevitably expressed the questioning mothers' own understanding and interpretation of what they heard from the teller; and the replies expressed the reflection and interpretation of experience by the teller to answer questions put to them. The interactive dialogue, as group confidence developed, became more spontaneous. The process allowed a picture of practice and how it was experienced and understood to emerge from mothers' own perspectives on what their practice entailed and what was of importance in their experience. It avoided the unintentional constraints and bias which an outsider third party researcher would inevitably bring to the field of inquiry through directive questions which express the researcher's own understanding of what is relevant.

In Phase 1, participants collated and analysed factual data for themes of presences, and in reflective group session dialogue they identified key significant patterns which they explained as being the enactment and experience of routine. A shortcoming in collection, collation and analysis of data in the sessions was that it relied on memory recall. Hard evidence in the form of daily records, for instance, are not available to back up what mothers describe and explain as their daily routine. Reason for this is made clear in section [3.1.4]. This limitation in the data is discussed in [2.6.8].

Quality of Data Collection and Interpretation by Participants

Theoretical explanations for memory bias are presented in [2.6.8]. An example of bias came to light in this thesis when the author examined the data about practice that was presented at two different times and for different purposes by the participants. Participants' individual verbal accounts of breakfast time that were

largely a recitation in chronological order of actions they undertook as part of their routine differed from a later presentation when participants recalled their verbal accounts.

2.5.3 Strengths and Limitations of the Matrix as a Rational Method

The limitations of the matrix as previously discussed [2.5] meant that the factual data about family feeding generated in this study is based upon participants' memory recall which has implications for what validity can be claimed [2.6.8].

The use of the matrix as a rational method of bringing together the different forms in which mothers know their practice; and its use for analysing and collating data into categories of presences, should be viewed in the context for which it was developed. It proved to be a useful tool through which mothers who had not previously engaged in research data collection, reflection and dialogue, could learn what was entailed in their practice, recognise common patterns in their experience and discuss what meanings they held. As I discovered later, the group were averse to focusing on their own feelings and emotions [3.8.1] so the tool represented a small breakthrough in facilitating the mothers explicit recognition (and my own) that feeding the family is not just based upon a conscious decision; or the giving of food to children, but is integrally related to their awareness of children's moods, of need for order and routine; and need to respond to outside influences such as school.

The method has enabled me and the mothers to become aware of the participative reality of their practice: participation in the world which is given meaning in practice: routine. Depending on those using the tool in future research; it might be helpful to challenge participants with analysed data at an earlier stage of the inquiry as opposed to my own way of challenging incongruence between data and statements at a later stage [4.8.4(b)].

2.6 The Investigative Reflective Process (IRP)

The investigative reflective process was designed and developed by me in this inquiry as a means of enabling the participants to engage in group reflection and learning about what their practice entailed and what meaning it held for them. It

established practice as an ecological reality as it probes the account tellers to look beyond their short statements of actions, and to see how their actions connect them into the context of their practice. A greater awareness of the full context of their practice empowered the mothers to reevaluate the meaning of what they have experienced.

The women's stated belief at the start of the inquiry, that they did not do anything and that they 'just give kids breakfast' etc. had stemmed from a lack of consciousness of what was actually involved in their practice of feeding the family or what was of worth in it. At breakfast time, they had reduced its meaning to that of providing cereals for their children. IRP was designed to enable a conversational dialogue among participants through which they could co-create the meaning of practice in narrative form. The process involved participants reflecting together upon an account and compiling a list of questions to ask the teller so they could catch sight of the bigger picture: the context of practice. Significant in terms of claims for the validity of knowledge expressed in the stories, is that narrative is created and given meaning from the perspectives of the tellers (Elliot, 2005). This understanding is of immense importance in this inquiry, as it is the perspective of the mother that the author wants to know.

2.6.1 Validity as understood in Narrative

Validity in narrative is not to be understood in terms of a scientific analytical approach in which definitive truths are sought. A narrative is an intuitively felt interpretation of how feelings and events fit together. As such, the meaning given to experience by participants in this inquiry, will express the assumptions (Mezirow, 1991) which filter how the world is seen and understood. Narrative, as explained, expresses the world as seen from the perspective of the teller and of how they understand their place in it: their self-identity and world view which motivates to action (Murphy, 1999). The meaning attributed to an experience reveals the person and their world; and factual detail supplied by the teller explains the tacit as well as the explicit meaning that she had made of her experience. As such, it is accepted in this study, that factual details of experience provided by the mothers are

influenced by how they perceived, understood and gave meaning to their experience. Partial and selective memory recall are regarded as limitations in the data when research is conducted to discover definitive truths about experience, but in narrative theory, it is understood to be a part of the way in which meaning is made. This is discussed in [2.6.8].

Telling a story may be the first time a person distances themselves sufficiently from their experience to see and consciously express what had previously been a tacit recognition of meaning. The ability to see meaning and order in events is a salutogenic (Antonovsky, 1984) trait and I suggest that the ability to create meaningful stories that can explain complex situations may potentially be a health related trait.

Being asked questions about an account, means the teller has to reflect again on what they remember: this is a re-immersion in the memory of experience. Being enabled through use of IRP to formulate an interpretation based upon a re-immersion and more comprehensive recall of experience, is axiomatically the development of a new sense of coherence between what had previously been unconnected events. It is new learning, and involves all who are engaged in the IRP conversational dialogue. Listening and preparing to respond with questions or comments to the storyteller, engages the listeners in a creative action - reflection process. It requires them to continually move between two perspectives, their own and the teller's in order to make comments, ask questions that are meaningful and establish the response within their own understanding in order to agree or disagree with that of another (Baker et al., 2002). As described in Collaborative Learning, questions are a way of relating to one another, of challenging held perspective schemas, and probing for evidence and alternative meaning (Bray et al., 2000). In IRP, conversational dialogue is intuitively guided by other practitioners: mothers. When details elicited through questioning do not make sense or are puzzling, then questions continue until the account is understood in a newly meaningful way that incorporates all the details that have emerged through the questioning.

2.6.2 Story: Recognising and Attributing Meaning

	Reissman (1993) Narrative Structure	Elliot (2005) Elements of Narrative	McAdams (1993) Story Parts
1	Orientation: Time, Place and Situation		Setting or Initiating Event
2	Complicating Action: What happened next. Time is unilinear, moving from past to present. The plot relates events to each other linking a prior event to a subsequent event in a way that provides a causal link or a meaningful connection that increases coherency.	Chronological sequence in time so that each event's significance is seen in relation to that of others. The events significance is seen from the perspective of the subject.	Attempt to gain a goal; a consequence; a reaction to a consequence.
3	Resolution		Solution
4	Coda: Returning to the present and tells the audience how to understand the narrative	Social acknowledging of the audience, making the meaning clear to them.	

Figure 7 Narrative Theories: Story Line

Stories provide our scattered experiences with coherence by arranging them in sequences as events in our lives. Sequencing events is what we do when we reflect back over a lifetime and see a life story, but we also tell stories as a way of

making meaning in everyday conversation (McAdams, 1993). Looking back retrospectively, we organise what we recall of our own and others' actions and their context into a meaningful whole which is expressed in the structure of the story (Chase, 2005). Although theorists identify slightly different structures in narrative, the overall process of meaning making as ordering in a story can be recognised in each (see Figure 7 above).

Division of the narrative into its separate parts (Figure 7) is a technical reductive analytical process, which allows a third party researcher, to discover the meaning inherent in the structure of text. A third party analysis of text cannot however, capture the non-verbal affective communication present in a story as it is being told to other people or the empathic relationship between storyteller and the audience.

IRP makes use of the technical knowledge of what is involved in a story, to reinvigorate the reductive ways in which the mothers had conceptualised feeding the family. Other mothers' questioning of the teller, brought once more to the fore, the feelings and emotions and wider context in which the actions had originally arisen. In so doing, they turn the limited conceptualisation of practice into a fuller understanding of practice as participation in the world.

Bell (2002) argues that simple stories are often at the surface of a more complex underlying story so that an event in a short story may have a different meaning in a more complex story. After reflection, an initiating event in a short account for example, may be seen as a consequence of previous actions in a story that spans a longer period of time and a different context. Axiomatically therefore, practices can link multiple overlapping stories; and carry meanings of which the storyteller themselves are not necessarily fully aware until they reflect upon it. This proved for example, to be the case in breakfast time [3.4.5] where KC found that her practice of getting children up to have breakfast early, was also situated in trying to avoid being found at fault by the school. In bread making for example, the work of making bread fulfilled what it meant to KD to be a good mother. Her work to provide them with bread without the chemical additives that she and the other

mothers saw as potentially harmful to health is a moral act taken by a good mother to protect her children.

Through the deliberate interrogation of a story to find or create meaning, a story becomes a narrative (Labonté, 2011): a socially situated interactive performance, told in a particular setting for a particular audience (Chase, 2005). Stories have a specific purpose. In this inquiry, mothers as co-creators of the narrative shaped it within their own interests and understanding for themselves as its audience. It is a means then, of creating and communicating meaning by mothers feeding families to other mothers feeding families. In both breakfast time and bread making, hearing their collectively co-created and communicated meaning, energised an emotional response and a desire to action among the mothers. In the case of bread making, it energised mothers to want to learn how to make bread and to recreate the meanings of the practice in their own lives: narratives do not merely refer to past experience, they create experiences for their audiences (Riessman, 2008). Learning in IRP therefore, is derived both from listening to factual details; but also from experience of participating in the co-creation of meaning.

Listening and preparing to respond with questions or comments to the storyteller, engages the listeners in a creative action - reflection process. It requires them to continually move between two perspectives, their own and the teller's in order to make comments, ask questions that are meaningful and establish the response within their own understanding in order to agree or disagree with that of another (Baker et al., 2002). In collaborative research, questions can be a way of relating to one another, of challenging held perspective schemas, and probing for evidence and alternative meaning (Bray et al., 2000). In IRP, the purpose of the questioning was not to challenge, in terms of rejecting the truth in a story, but of expanding upon it, challenging prior limited conceptualisations supportively through questions that enable the multi-layered meanings of practice to emerge. Meanings that emerge can be further explored by others, in their own practice.

2.6.3 The Investigative Reflective Framework of Questions

Four categories of questioning (based upon Riessman's (2008) story part structure) can be used to turn an account into a more meaningful narrative.

1. Story Part: Orientation.

Aim to understand the significance of that particular time and place, and of the people and things mentioned in the account of an event of practice.

- I. Who are the people present in the story?
- II. What is their role in this account of practice?
- III. Do any of the people in the story have other roles that link them into other places of significance or wider societal systems that influence what they do in this account?
- IV. Where is the location of the practice event and other events that come into the story – is the place significant?
- V. Why is the practice undertaken at that time?
- VI. Who made the decisions for the time and place – is this significant?

2. Story Part: Complicating Action.

Aim to understand the complexity of the practice. Find its relationship to other people, places and things in the account - what leads up to it, what is enacted in the present, and how they hope it will change the future. Find the relationship between the actions of all of the people in the story.

Ask questions such as:

- I. Describe what you did and why you do it that way?
- II. What previous learning and knowledge is involved in your practice?
- III. What decisions do you make in the enactment of practice and how do you decide?
- IV. How does the practice fit into the longer term and wider picture – is it a consequence of a previous action – your own or someone else's?
- V. What are other people present doing while the practice is taking place – are they involved? Are their actions in any way linked to yours?

- VI. What feelings and emotions are associated with what you are doing and why do you think that you feel that way?

3. Story Part: Resolution

Aim to explore if the practice links this account into a bigger story.

Questions relate to the history of the practice:

- I. Why start or undertake the practice?
- II. When did the practice begin?
- III. Why is the practice important to you? Or to other people?
- IV. What is most encouraging thing about what you do?
- V. What makes you proud of it?
- VI. What did you achieve
- VII. What are the challenges?

4. Story Part: Coda. Making sure the reason for telling the story is understood.

Questions relate to:

- I. What have you achieved in your practice?
- II. What have you found most encouraging /discouraging?
- III. Why did you choose to tell about that practice?
- IV. How do you feel now, having used IRP to tell a story?

2.6.4 The Four Stages of the Investigative Reflective Process (IRP)

- I. Identifying the purpose of IRP with participants
 - II. Story development through questions
 - III. Recognition of patterns and Intuitive insights into meaning
 - IV. Thematic analysis into categories of presences using the presence matrix tool
- [2.5]

I. The purpose of questions in IRP

- To prompt the teller to recall an experience she is telling from memory but not to ask for details of a sensitive nature.
- To support the teller to overcome the shyness of speaking in a group setting.
- To allow the teller to express her expert knowledge of her own experience to those who are not experts as it is not their experience. It is not a test of what she knows.
- To enable all those engaged to piece together what they are hearing so that it makes sense to them and shows them the bigger picture.

Training was given to enable participants to understand what sort of questions to ask so as to develop the story, from their own knowledge of investigations by detectives in TV mystery movies [3.3]

II. Story Development through questions

- A brief outline of the story is provided by the teller.
- Each participant says in a few words what the story has evoked in them.
- The participants read the story, and prepare a model range of questions based upon the Questions Framework. [2.6.3]
- The participants reflect and agree that the model questions are appropriate and confined to the topic, and are not intrusive.
- In the research session, participants select questions from the model making use of their discretion and intuition about their relevance.

Additional Questions allowed

In addition to the model questions, participants can ask other questions to gain more clarification when:

- Puzzled about why something had happened - ask the teller for her thoughts.
- Need Clarification about something that was not clear - the teller can be asked if they want to explain further what they meant.
- Unexpected Emphasis or Repetition of detail - they could ask the teller what relevance it had in the story.

III. Meaning Making: Intuitive recognition of patterns and insights

The first part of meaning making follows on from listening to the story when participants say what the account has evoked in them. Allowing participants to share their short reflection together before choosing the IRP questions was found to be a helpful way of prompting them to begin thinking about what they wanted to know; and more likely to ground their questions in their own experience.

Meaning making in the narrative developed through IRP is based upon an intuitive rather than an analytical process. It is felt as a resolution when feelings and emotions align with an interpretation of an event. In that respect, it is a subjective 'ah ha' recognition of meaning as for example when KD stated that her feelings in the morning and her past experience of being 'made to feel bad' (upset) for being late, actually meant that schools did not give value to a mother's work or understand that it involved matters outside of her control, such as children's moods and behaviours etc. This interpretation made immediate sense to other mothers as it accorded with their own feelings about schools. The strength of feeling about an interpretation reflects its consistence with the participants' worldview and this does not necessarily mean that the interpretation is correct. During the conversational dialogue, a participant for example, may recognise her own experience in the story that is unfolding through questioning; and may suggest insights into how it should be understood. These can be written down and raised as shown below:

Intuitive Insights

1. The storyteller is asked what the experience of participating has meant for them.
2. Listeners can spontaneously make comments about how the teller's account seems to connect either to their own experience or to a wider context of practice.

(In practice, this sometimes took the form of participants posing an interpretation in the form of a closed question: do you think that ... or was it or what

3. The teller listens and replies. They are only required to say they agree, disagree or can say they have no comment. They do not need to enter into a discussion of their experience.

(In practice questions usually stimulated further dialogue rather than yes or no)

4. The teller and other participants reflect and share if the newly attributed meaning gives them a changed view of their practice and experience or makes them want to make changes.
5. Insights and changed views of practice and thought about action are recorded on a flip chart as the learning outcomes of the session.

IV. Simple thematic analysis of data

This was undertaken with participants using the Presence Matrix template as explained above, to enable them to better understand what it meant to develop a narrative. As the growing number of presences emerges in the narrative and are recorded on the presence matrix template, participants can recognise their growing awareness of the experiential context of their action. Presences were collated into a collage as a visual image of the wider meaningful context of KC's actions at breakfast time [Figure 12]. Analysis of the presences revealed the range of actions and feelings; and enabled themes within the presence categories to be noted: e.g. People: partners, children, family, friends, and professionals etc., and this enabled further reflection upon the significance of their presence [3.4.7].

In transformative learning, however, the whole process was more relaxed. It became a discernment of new potential meanings and keeping record of them with a view to testing them out in action. It is of worth to note that Rowan (1981) suggests that in meaning making, what people put forward as the truth is always related in some very powerful way to what they want to be the truth: 'the truth ceases to be what 'Is' and becomes a verity that wants to be verified, realised in active life' (Rosenweig, cited by Rowan 1981:136). What mothers saw in bread making was an image of a valued way of being. This is discussed in [7.7: the work of belonging].

2.6.5 Strengths of the Method

In participants' chronological accounts of practice as exemplified in KD's account, the context of a mothers practice is shown to be located in the small world of the family home. Use of IRP enabled the influencing context of practice as understood by the mothers, to include relationships with their children and to extend outside the home, as for example through their awareness of societal expectations in breakfast time; and in their aspirations for community in bread making.

2.6.6 The Ecology of Practice

One of the strengths of IRP in this inquiry is that it enabled participants to overcome their established way of knowing: silence and received knowledge (Belenky et al., 1988). Participants had been reluctant to talk about themselves; they lacked confidence in the value of their knowledge and in speaking to a group. Participants said they found IRP helpful as for example KD [6.4.1-6.4.2]. The process enabled practice as connectedness to emerge and be understood; it facilitated participants' transformative insights about their relationship to the world and the meaning of practice.

In essence IRP is an empowerment process for those who are not skilled and experienced in attributing meaning to experiences and telling it to others. In society, those who cannot tell a meaningful story about every day aspects of their

life are not on equal terms with those who are more skilful in their meaning making and who can potentially come to exert power through a dominant ideology.

2.6.7 Limitation and Recommendations for Use

Caution should be applied in using IRP with vulnerable women as questions put to the teller, even if declined, may require the teller to remember and reflect on negative, uncomfortable or distressing experience. I had not anticipated that the inquiry into feeding of the family would uncover deeply held feelings that the women had about themselves. With hindsight, political and emotional empowerment [Examples 5.4 -5.6] should be considered prior to using this tool; and it was found to facilitate participants' self-empowerment in a more constructive way, when their attention was focused on practice of which they felt proud.

As IRP is dependent on memory recall and is intended to produce narrative, data about practice produced in this process, when viewed from a scientific perspective, is limited and biased towards the way mothers understand and give meaning to their practice and experience. This is elucidated further in the next section.

2.6.8 A Summary of Validity in Research Findings

In an extended epistemology claims for validity relate to different values: truth values and being values [1.6.3-1.6.4]. In this study there is congruency between the mothers' verbal descriptive and explanatory accounts of what they do and of their feelings about the repetitive and routine nature of their practice and their expression of it in presentational (creative art) forms which include poems: Tick-Tock [3.6.2]; Just a Mum [4.4.5] and Sarah's poem [4.3.1]; and also Figures 17-19 reported in thesis [4.2-4.3.4]. This means that the descriptions and explanations of their routine of feeding the family are ground in their experience of it and are valid: truth values. However, mothers' have also developed a conceptual understanding about 'a routine' that has an existence independent of their own experience of it. Their expectations are that 'a routine' will reduce their stress but this is not consistent with what most mothers' experience. Mothers' practice of a routine is distress driven; it is undertaken as the way to avoid negative consequences for

them and their children. For the majority the practice of routine does not enhance their sense of wellbeing which therefore invalidates it as a way of being. This is more fully explained in [5.1.1].

Factual and Narrative Data: Bias and Validity

As explained above, the descriptions and explanations that mothers gave of their work are valid because ground in experience. As a source of information about everything a mother does and experiences when feeding the family, the data generated in this study, by virtue of its narrative qualities, will be incomplete and biased for the following two reasons. Participants relied on memory recall and participants co-created narratives to explore and present the wider context of their practice and the meaning they gave to experience.

Bias in memory recall is well documented in literature (Smith, 2008). It is influenced by pre-existing schema (Brewer and Treyens, 1981), which are a "mental bundle of knowledge that holds everything we know about a topic" (Tompkins, 1993:143) and makes up a person's world view. When new information falls within a learner's schema, it can be easily remembered and incorporated into a person's worldview and is easily recalled, but if it does not, then it is frequently ignored or forgotten (Brewer and Treyens, 1981). What one believes about the world influences how an experience is perceived, understood and later recalled (Schank and Abelson, 1995). The recalling and retelling of an experience, when undertaken from a biased perspective, can alter how the experience is subsequently remembered (Tversky and Marsh, 2000, Ikeda and Nihei, 2009). Other specific factors known to influence memory recall include passage of time and emotional content. Accurate retrieval of memory decreases with the passage of time; and experiences associated with intense emotion (positive or negative emotion) and those accessed through the presentation of related actions, are more easily recalled (Reiser et al., 1985); and people with high levels of anxiety are more likely to remember aspects of their experience that threaten their sense of self (Saunders, 2013).

From a scientific perspective, memory bias makes the data generated in this study unreliable, in that it does not provide a comprehensive overview of all that is

entailed in a mother's feeding of the family; and nor might the same details be included when experiences are told on other occasions by these same mothers. From a narrative perspective however, by virtue of the bias inherent in memory recall, the data can be understood to reveal a mother's perspective and her worldview. It conveys the meanings a mother attributes to her practice that she wants to communicate to those present. It is of value in this study because this answers the research question [1.10.1]: How do mothers describe and explain feeding the family and what meaning it holds for them.

An example of memory bias in recall has been shown in this study which reflects Reiser's (1985) assertion that focus on action enables better memory recall. An analysis of data undertaken by the author (Appendix 9) shows that more factual details can be noted in the verbal presentation of individual chronological accounts of their breakfast time actions than that presented and mapped onto the data matrix to show the different aspects of their experience: categories of presences [Figure 13 reported in 3.5.2]. The mothers' perspective of their work as being undertaken to meet their children's needs, may explain why in a later recall, their self-care was not included in the collation of their data.

The mothers' worldview about themselves in relation to society; coupled with the fact that experiences highly charged with emotion are more easily recalled; and that those suffering from an anxiety trait are more likely to recall experiences that threaten their sense of self (Reiser et al., 1985, Saunders, 2013) will have influenced their undirected memory recall and their retelling of their experiences of participation with children and others in society. When mothers' attention was later focused on work of which they were proud, their recall of their experience of participation was more positive.

2.7 The Living Method of Participation: The Power of Personhood

The Living Method of Participation was developed by me in this Inquiry as a process with potential to bring about reality change. The method stems from my

desire to establish empowering participation for myself and the women, so as to make the inquiry more worthwhile. It required me to be both willing and confident in my ability to work with tacit as well as explicit reality as it gives expression to what it means to be human through exercise of the power of personhood: feelings (Heron, 1992, 1996). It involves making the self fully present in the encounter.

The practice is a five stage process that begins with one's own participation and extends outwards into the world of encounter with people and things. In keeping with Freire's (1972) understanding that if social reality conditions us to see reality then it is an inversion of praxis, this process begins with unlearning to see the world as we have been socialised to know it through categorisation. It involves emotional intelligence (Goleman, 1996) so as to be able to consciously participate in a difficult social situation, acknowledge negative emotional feelings; and to choose not to act impulsively on them.

It is a practical 'know-how' through which to achieve what Heron (1992:247) describes in theoretical terms as a 'reality creating reversal learning cycle' in which there are four stages:

1. Participation in the world of presence (meditation, reflection, contemplation).
2. Developing an alternative new world-view.
3. Allowing a new belief system to awaken imagination and inform the very act of perceiving in which associations, classifications and categories of the new belief system are injected into perception as its conceptual component. This change allows things to appear differently.
4. Entering into the world of existence and acting upon it with intentions derived from the new way of seeing things. In this way, the practical and affective nodes of the psyche foster a changed world of existence.

The five practical steps through which this was achieved in this inquiry were: Participation and Contemplation; Polarity Awareness; Thinking in Unitive Concepts; Taking Unitive Action; and Nurturing Infrastructure (Personal relationship structures and Social structures etc.). Changed ways of thinking, and changed ways of acting,

engendered new relationship experiences with more positive feelings and emotions about others, which led me to perceive and understand them in a new way.

An example of the living method of participation is described and explained below, where it is presented in the context of relational theory as exemplified by Buber (1937); and as a means of creating social support relationships and social capital (Coleman, 1988).

Stage 1: Participation (Reflection on Feelings and Emotions)

I had reflected on my feeling of being kept distant by some mothers whom I felt looked at me through the assumptive lens (Mezirow, 1991) of past personal negative experiences with figures of authority; and those of a former mining community. I recognised that figures of authority, like me, potentially symbolised personal and community oppression. One participant's feed-back to me, confirmed that she felt used in the research to create knowledge for my use [5.3]. I had unintentionally perpetuated her personal and community historical experience of oppression. Heron (1996) advises this sort of unaware projection of past experience on ways of seeing others, prevents authentic collaboration and should be supportively challenged.

I had felt hurt and angry on hearing her criticism, but had refrained from making a response until I had time to reflect upon it. This is a skill of emotional intelligence [2.2.6]. Adler argued that to be human is to feel inferior and maintaining self-esteem requires constant work; and we crave positive feedback and react with anger to implied criticism (cited Wilkinson and Pickett, 2009). The situation of this participant is counterproductive in terms of being able to build social relationships that create social capital (Coleman, 1988) particularly the most beneficial form that bridges formal hierarchical divisions (Szreter and Woolcock, 2004). In effect it reduces channels for the flow of power related assets such as social support, material resources, access to larger networks and other 'capability' resources (Labonte and Laverack, 2001).

Stage 2: Polarity Awareness (Dialectical Awareness)

Categorical perspectives create an 'us and them' situation. They affect the ability to identify and empathise. A categorical perspectives of another person makes them alien: 'the other', and in so doing, enables dehumanising practices of exploitation to override our common humanity (Wilkinson and Pickett, 2009).

In our situation in the group, categorical perspectives of each other related to our different roles and past experiences and made trust difficult to establish. In my reflection, reflecting in a contemplative rather than analytical way on the conflict between my emotions and feelings, my values, and my research practice and how I was perceived by a participant, led me to recognise that the fracture in my own sense of peace came from a fracture in my way of thinking. A scientific orientation led me to interpret my feelings to mean that I did not have a relationship with the mothers, but the opposite was true. Contrary to my conceptualisation that my negative experience of some participants denoted an absence of relationship with them, relational theory [see 1.6.6] posits that those feelings **are** my relationship with these mothers. I was interpreting negative feelings as evidence of divisions whereas they are evidence of the affective way I was connected to the mothers. The imagined gulf in the relationship was a conceptualisation.

Stage 3: Unitive thinking (Dialectical thinking)

I reflected on how my connectedness to the mothers was understood by me through divisive terms that related to the roles through which we met, and those roles were associated with unequal social status and power: me-them; manager-mother; provider of services- users of services; older woman – younger women; and relatively well educated- relatively uneducated. Categorisation is a basic essential cognitive process as it makes the world more predictable and manageable, but the process of categorisation has consequences because it is based upon exaggerating perceived similarities and differences (Fiske et al., 1978). Once categorised, in terms of our identification with a group: one that we ourselves are 'in' or 'out' of, then perceptual process continues to homogenise the

individuals and the group, so that the individuals themselves appear to us as stereotypes of the group and have the properties by which we have distinguished the group from ourselves (Bargh, 1994).

I had stereotyped the mothers, thinking of them individually and as a group, as being a typical sample of mothers from the local community; and no doubt they had done the same thinking of me, as being typical of managers or bosses. All identities are self-categorisations, differing only in their content and level of abstraction. The sense of oneself being human, is the super-ordinate category (Turner et al., 1987:117) and is the most inclusive. Being human is our common identity and being seen to be human, our common right.

The way we categorise reflects social reality, but the act of choosing the categories through which we segment any given social context into self and other, is a key basis for behavioural flexibility. It places emphasis on human agency: the power to act, to shape the future (Reicher, 2004). Having become aware of the divisive polarities in my thinking, which reified my connectedness as divisions, I began unitive thinking. I consciously sought inclusive categories in which the mothers and I could meet on more equal terms and categories that were related to personal learning and development. I chose the categories of being human; and leadership. My attitude was to see myself and others, as potential persons self-actualising together. Unitive thinking is de-reification. It is preparing the ground for a more conscious participation in encounter and experience of the other in an un-blinkered and newly perceiving way. It is a means through which we can initiate the 'I-You' (Buber, 1937) relationship that breathes life into the 'It' world of reified categorical knowledge of each other. It liberates us from our personal and social history.

Stage 4: Unitive Action

The Unitive action I took [5.4] involved me showing personal vulnerability: feelings of hurt and upset and my desire to be seen more positively by the mothers; and a willingness to show myself differently. My Unitive action revealed to the mothers in a personal way, what is actually a common human need and motivation:

affirmation (Maslow, 1970), which is necessary for self-esteem (Rogers, 1961). Revealing vulnerability is an act of humility (Freire, 1972); but it is also an act of demanding my human right to express suffering (Horton and Freire, 1990). My Unitive action let the mothers know their experience of me was part of the way I felt about myself: we were indivisible, connected in feelings and emotions. We had moved from historically based perspectives of each other to a living awareness. The mothers' surprised and empathic responsiveness to me changed how I saw and experienced them; and although inevitably experience is once more conceptualised, something had changed. Open and trusting dialogue had been established.

In the course of dialogue, the communicating relationship is not just a verbal exchange but a more complex and total communication as each participates wholly: 'with his eyes, lips, hands, soul, spirit, with his whole body and deeds' (Bahktin, 1984 pg 2). It is the establishment of a mutual and reciprocal meaningful relationship (Buber, 1937) experienced as knowing 'from within' (Shotter, 1999). Buber (1937) describes this process of moving from participation to reification in human relationship as an ongoing alternation between 'I-You' and 'I-It' which is a part of human knowing of each other : '...every 'You' in the world is doomed by its nature to become a thing, and an 'it'. But it can also become a 'You' again to another 'I'. ... ' (Buber, 1937:69). Personal feeling encounters and emotional response to each other, as opposed to recreating historical relationships (Heron, 1992, Heron, 1996) is the making of a true community (Buber, 1937). My self-identity and theirs were brought into a conscious relationship at the heart of which lay an awareness of our feeling and emotions and a willingness to trust [Research session [5.4.1].

Stage 5: The Nurturing Infrastructure

The relationships in the group were imbued with a changed and more personal presence of each of the participants. The mothers were tacitly aware that I had invested something of my own sense of worth in each of them; and consciously aware that I had invested the research resources in their learning. Their self-

actualisation in practice as cooks and mothers was the long term outcome of the inquiry which began with changed perspectives of us as persons.

The actions I had taken were characteristic of self-development and self-actualisation: letting go of short term goals and having more long term goals; living by my own standards; being conscious of my self-development; and being aware of unintended consequences (Rowan and Reason, 1981). For me this meant letting go of the short term goal of producing procedural knowledge and adopting the goal of improving practices of participation to engender for me and others, new experience and knowledge of self. It meant being aware and addressing the unintended consequences of my roles and social status in the group by helping participants to see and experience me as a person.

There was a further significance, for participants of having me with a vested interest in them and their knowing that my theses now depended on what they learned. It legitimated a relationship in which they could more openly share their learning and I could recognise and value their work and encourage them to be proud: inter-personal relationships and social support (Cohen and Hoberman, 1983, Barerra, 1986).

Feeling proud and having someone proud of you, reaches into the heart of the process of identity formation: it is a way we internalise how we feel seen and valued by others (Scheff, 1988). Being valued by others is the essential start of self-valuing and self-esteem (Rogers, 1961). Good mental health according to MIND (National Association for Mental Health in the UK) is not something you have, but something you do. To be mentally healthy you must value and accept yourself. People who see themselves as valuable do not fear rejection (Rowe, 2002) and participants gained this transformed understanding of their worth in Phase 2. Transformative empowering participation led to an investment of trust, a cornerstone variable of social capital (Carlson and Chamberlain, 2003, Carlson et

al., 2009, Islam et al., 2006, Dearmon and Grier, 2009) that is associated with reduced health disparities (Baum, 1999) and better health (Islam et al., 2006).

My inclusion in these relationships brought increased benefits for the group, as participants could benefit not only from bonding social capital but also from bridging social capital which is created when social networks of trusting relationships are established between people who are interacting across explicit, formal or institutionalized power or authority gradients in society (Szreter and Woolcock, 2004). Organisations working towards empowerment with women should use their own power deliberately and thoughtfully in ways that actually encourage empowerment (Rowlands, 1997). For structural changes and the devolution of power to participants see [5.7.2]

I would suggest that making use of the power of personhood: knowledge of each other as feeling and emotion is a necessary first step in a community where there is historical oppression. Other aspects of making conscious use of power in order to empower as suggested by Rowlands (1997) would not have been required, if the mothers had become disengaged from the inquiry. I noted observable changes in the way participants related to me, when I made it explicit that my research priority was a more caring relationship and their learning and development. The women were more willing to catch my eye and smile, and to address me by my first name when talking to me. It did not require words to know the change, it was known in emotion and feeling, and in changed ways of acting. In dialogue, DY who at one point felt she had been used in the research affirmed me as being present to her as a helpful human being not just a manager [6.6.1].

Figure 8 below, is the author's diagrammatic explanatory model of empowerment in this inquiry. It shows it to be an infrastructure of nested contexts of encounter through which social identity, self-esteem and social capital are nurtured. The infrastructure began initially by my adoption of a new structure of thought: a dialectical balance between polarities that de-reified my view of the women. It led

me to develop unitive concepts and communicate them through an enactment of them. As for example, understanding and enactment of leadership breached the manager-mother divide, and understanding and experience of looking at 'potential' as opposed to skill-deficit, led to the development of more personal inter-relationship between me and the mothers and among the group.

The Nested Nurturing Infrastructures

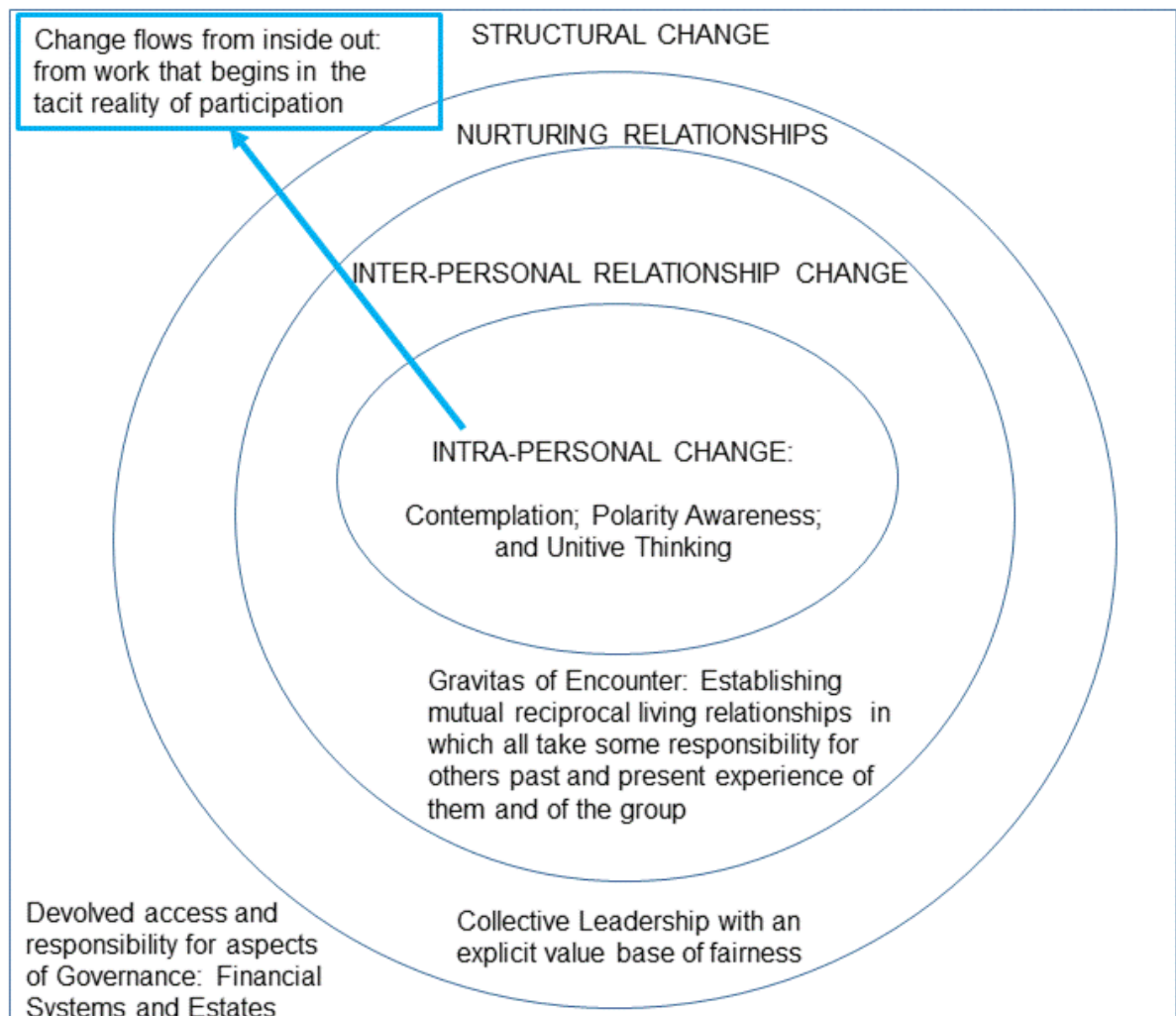


Figure 8: Nurturing Infrastructure

A more dialectical balance in relationship-making extended throughout the group [5.8]. When the feelings and emotions of a young eastern European mother who

was hurt by participants' alienating behaviours became known by the participants it had immediate effect. It engendered an emotional response among the group, who changed their behaviours because of an awareness of how they were being experienced by another person. This new balance led to the development of ways of working together: social interaction based upon sensitivity and justice. The Leader: teacher-learner model is an expression of balance and social justice that begins in intra-personal and inter-personal change

2.7.1 Strengths and Limitations of the Living Method of Participation

The strength of this method is based upon recognising the gravitas of face to face encounter in the present; and that it is situated socially and historically. Engendering a non-threatening awareness of mutual reciprocity of feelings, in the present moment of participation, something new can be experienced: identity, which is the way we feel perceived by others. Its limitations lie in individual sensitivity to the tacit, a know-how that we seldom recognise or consciously use as we live in a world where explicit knowledge is prioritised above feeling. It also requires the protagonist for participation to have good knowledge of the group; and their willingness and readiness for engaging in new personal relationships. My reflections on the health implications of the identity of a mother are outlined in Chapter 7.

2.8 Presentations of the Inquiry Process and Data

Two narratives of the Inquiry and its outcomes have been written:

- The mothers compiled and published a story-recipe book to circulate in their community in which they illustrated the process of the inquiry and some of its outcomes through photographs, creative art work, recipes and personal stories.
- The second narrative is an account of the inquiry process in this thesis. Narrative form has been chosen by me to better describe how the process and methods emerge as Reason (2006) suggests: in the stream of life, not separately designed from it.

2.8.1 Original Data used in the Thesis

In the development of the thesis I present 'feeding the family' as a practice through which mothers' experience and come to know the world and their place in it. To do this, I draw on data generated by participants in the inquiry process; as well as data I have produced as facilitator of the inquiry in the form of my reflective and filed diaries.

They include:

- Transcriptions of research session dialogue
- Creative art works produced by participants
- Typed up flip chart summaries made in research sessions
- Completed presence matrix sheets;
- Digital photographs

In addition, I draw upon and present extracts from:

1. My fieldwork diary in which I had notes of planning of sessions and observations during session.
2. My reflective diary in which I critically reflect upon my observations, my feelings and perspectives for what they revealed of the hidden assumptions I brought to the research.

2.8.2 Selection of Illustrative Creative Art Work

Creative art works were presented in research sessions by participants. It was obvious that while creations were meaningful to those that had created them, some also touched other participants more deeply, creating greater enthusiasm and drawing out from them an insightful comment, acknowledgement of their more tacit feelings; or generating in them a felt need for action. These following pieces were selected by participants to show:

- A routine of feeding the family: Sara's Poem (Figure 17).

- The work of a mother: Feeding the Family (Figure 14).
- Experience of the routine: The poem 'Tick-Tock' [3.6.2]; and the Line Drawing: 'Clock Woman' (Figure 15).

I also took extracts from the transcripts of research session dialogue so that individuals own words are used to give the reader insights into the many individual perspectives that can find expression in the mothers' collective definition of their practice and experience. The extracts are presented in the Informative Inquiry Report [Chapter 4]; and in the report on Transformative Learning [Chapter 6]. Where appropriate, I have placed verbal expressions and creative art work of an individual participant alongside each other. Mothers' initials have been changed into a coded form that is consistently used throughout the thesis to enable the contribution of individuals to be recognised.

2.9. Bias the Author as Manager and Researcher brought to this Work

Quality standards (Reason, 2006) for a participatory inquiry require that instead of a rigueur by which researcher influence is imagined to be excluded, the author should be transparent in presenting the full context of the inquiry as well as its findings. To meet this requirement, the author has made use of narrative in describing the inquiry process so as to give the reader a fuller picture of the participants, the interaction with and between participants, and the context in which methods were developed to generate, collect and analyse data. Use of narrative gives the reader an insight into the way in which the inquiry process developed in response to the lived experience of the inquiry and as a result of the characteristics of all those involved.

In the thesis I recognise that my prior knowledge of participants gained in my MSc Dissertation, shaped the research question [Introduction]. I have attempted to transparently convey the practical ways in which I managed the interaction of my multiple roles in the inquiry [2.10 – 2.10.1 (c)]. My prior knowledge of participants' family situations gained through my supervision of staff in the Children's Centre,

informed my prioritisation of mothers' participation over my previously planned procedures for knowledge creation [3.2.1].

In section [2.4-2.6.7] I critique how the methods and tools I developed influenced the generation and collection of data. I describe in detail how I influenced interactions with and between participants [2.7]. My decision in Phase 1, to prioritise mothers' participation through the development of enabling methods resulted in the collection of different kinds of data, narrative and factual data about practice [2.5.2] as well as creative art work showing practice. Validation of each of these kinds of knowing is based upon an understanding of the limitations of the methods I developed; what the data is understood to convey; and the use to be made of the information. This is discussed in sections [2.4 – 2.6.7].

My prior knowledge and accredited training in Management Leadership informed my decision to make use of a mature model of leadership as the means to facilitate the participants' political empowerment [5.4].

Critical reflection on my empowerment practice [5.1-5.2] led me to recognise power inequalities as an ethical dilemma but also as my responsibility. I chose to prioritise and work to enhance the quality of mothers' experience of participation in practice through the inquiry process. I decided to have more confidence in my own human potential for developing empathy and trust with others and to put it at the service of the mothers [5.3]. I took steps to divest myself of the authoritative role attributed to me by participants [5.4.2], and to devolve Leadership and Resources to participants [5.4.1., and 5.7.1, and 5.7.2]. Although age, social status and educational differences inevitably remained between participants and with me, equality through human feeling was achieved [2.7: The Living Method of Participation] and ultimately hierarchical positions were not viewed as oppressive but as channels through which resources could pass [6.6.1].

I transparently explain how materials were selected by me for use in the thesis [2.8-2.8.2], and I have presented my own reflections on the significance of the inquiry and its findings for health in a separate chapter, so as to distinguish

between knowledge generated in the inquiry by mothers from my own reflection and discussion of the findings.

2.9.1 Critique of Co-operative Inquiry as a Form of Health Research

Co-operative Inquiries are more usually undertaken by professional groups inquiring into professional practices (Baldwin, 2001, Hills, 2001, Van Stralen, 2002, Van Stralen, 2003, Aprill et al., 2007, Yorks et al., 2007). In health literature mothers are neither regarded as researchers or as practitioners but are objectified and have their actions interpreted by third parties. Reason (1994b: 335) suggests that Co-operative Inquiry can also be used 'by a group of disempowered people who want to explore their world'. This study began as an exploration of the lived reality of mothers' practice but it goes on to report how in the process of exploration they transformed reality. Although this change was not a planned outcome, the potential for the inquiry to be useful to mothers as well as to me, made it a more worthwhile pursuit.

Co-operative inquiry can facilitate those involved, to choose how they live their lives, and to overcome early conditioning and restrictive social practices (Reason, 1994b). As such, from the outset, the inquiry held promise of providing worthwhile outcomes for the mother volunteer participants as well as meeting my objective of generating a new genre of knowledge that would potentially cast light on systems that influence the prevalence of child obesity and other health inequalities in a deprived area.

Use of Co-operative Inquiry for health research involves risk. It is an oblique approach through which to gain knowledge of health inequalities as its intended purpose is to explore a topic of burning interest to participants (Bray et al., 2000); and to generate knowledge they consider to be useful to them in their practice. There is no guarantee that what is of interest and use to participants will reveal any information of relevance to the separate objectives of the health researcher. In the thesis, I express my initial reservations about participants' proposal to explore bread making because I could see no link at all between making bread and health theory [5.5.1]. In addition, as the co-operative inquiry with lay people such as

mothers will be limited to their interest and understanding, it is not likely to provide a comprehensive overview of all the influencing factors in a practice context; nor can it be relied upon to provide information on the social determinants of health. What it may give, as was shown in this research, is insights into the ways in which systems interact to influence individuals' experiences and the meanings they attribute to them. Meanings which are expressed in practices that impact upon child, family and community health.

Use of Co-operative Inquiry for PhD research carries multiple risks. A successful Co-operative Inquiry will be worthwhile for participants because of the new knowledge, skills, and ways of communicating that they learn. What is new to participants may not however be appropriate material for the PhD researcher to extend an already established body of academic knowledge. Newly learned bread making skills by mothers, without the insights the mothers gained into their practice, would not have contributed to the body of knowledge about family feeding.

In addition, while making new meaning is a potentially salutogenic process, the time required for new meaning and changed perspectives to be given external expression in changed practice cannot be estimated in advance. There is no guarantee that observable changes will happen within the required time frame for a PhD thesis which is often expected to be completed within three years. In this thesis, I report on a hugely significant change made several years after the inquiry ended. I recount a meeting with a mother in which she tells me she has just achieved the accredited qualifications in catering that she began to aspire towards during the research [6.5.3].

Part 2: The Establishment of the Inquiry

Managing My Multiple Roles and Responsibilities in the Inquiry

2.10 Involvement of the Community in the Research Design

A feature of gaining university and ethical approvals for an academic study is that a research design has to be submitted prior to the commencement of the research. This effectively created a problem for me as a PhD Student using Co-operative Inquiry as a research strategy. Quality standards of Co-operative Inquiry (Heron, 1996) require that those involved in the research should agree upon the research question and participate in the research design. To deal with the conflict pragmatically, I outlined to the mothers my choice of topic: Mothers' Practice of Feeding the Family, but also explained to them that the inquiry would give them an opportunity to choose an area of interest within the topic that would be of interest and of use to them. I explained that my role would be to facilitate volunteer mothers to explore their experience and practice and to assist them to find ways in which to express what meanings it held for them. I suggested to them that participation would be enjoyable and that mothers would find it useful to learn what influences their practice; and this knowledge would also be used to inform health strategy in Sure Start.

I was advised by these parents and by staff to hold the research groups at the same time and on a weekly basis for as mothers often do not keep dairies, if they missed on week, they could know when the next one was on.

I invited a young mother who attended the centre regularly to spend an hour working with me on trying out a method we might use in the inquiry. The method was to produce as a pencil drawing a small presentational form of what we could recall of the earliest days of feeding and caring for our first child. The young mother's memories were more immediate and practical: she drew a bib and bottle, a nappy and a washing machine, while my view of a road winding away into the distance showed my dawning realisation that being a mother goes on and on. While I had also engaged in the practical work depicted in L's drawing I had not

showed it in mine; while equally she must have had thought and feelings about the future that were not depicted in her drawing. This insight led me to design a Presence Matrix (Appendix 4) to support participants' awareness of the different kinds of presences in experience. The Matrix is explained [2.5].

(A) New Insight into Community Involvement

Two other mothers in the community who had learned of the young mother's engagement in the micro-pilot spoke with me later. One warned me against believing anything the young mothers might have said. The other made allegations that required me to follow safeguarding procedures, which were found not to be substantiated. In my diary I wrote:

'For local mothers, this community is their home, so this isn't just participation in research, it's their life... and I need to make sure that participants do not come to harm through their participation in the research'

As a measure to protect participants from jealousies that might arise because of their participation, I ensured that in future, no one individual was selected for any involvement that was not fully open to all those who might want to attend.

2.10.1 NHS Ethics and Approvals, Governance and Issues of Power

As an NHS health professional working on an NHS site (the Children's Centre), in addition to academic and ethical approval from Liverpool John Moores University, NHS Ethics Committee approval was required. The ethical approval was granted on 11th September 2008.

In the application for ethical approval, I was explicit that the research product would be an informative account of mothers' practice and experience that could inform future health strategy. The approval did not require the inquiry to produce other outcomes or improve family feeding practices for those involved.

The dual objectives of the Inquiry: my facilitation of a co-operative inquiry; and my use of its findings for reflection on their significance for health in order to inform future health strategy were not envisaged to be in conflict or to be mutually

exclusive of each other. I was aware from the outset however, that I carried multiple roles: Manager, Researcher, PhD Student, and the Educative Role of the Facilitator which would all require to be managed.

The conflict I later experienced during the inquiry was not a conflict between my roles as researcher and manager, but between my felt need as a human being to personally try to enhance the quality of participants' experience of practice; and my immature understanding and practice in research conducted from a participative standpoint. I recognise the choices I have to make and discuss this conflict as an ethical dilemma [see 5.1: The Emerging Findings and Dealing with an Ethical Dilemma].

(A) Governance: Employed and Researcher Time

The research was conducted in dedicated time that freed me up from my managerial responsibilities. The PhD Bursary provided to me by Liverpool John Moores University was surrendered to my employer: St Helens PCT (now a part of Bridgewater Community Health Care (NHS) Trust). In effect it purchased back from my employer, the hours in which I undertook the research. This was made clear to the Children's Centre Advisory Board, to Children's Centre Staff and to the Research Participants, so that no suggestion of improper use of my paid time would be imagined; and I could avoid conflicting demands for my time.

(B) Power and Autonomy

NHS Ethical approval for dealing with the issues of power and autonomy was based upon my explanation that I did not consider power differentials as likely to become an issue, since each participant would act autonomously in what they chose to say about themselves. I reflect upon this in a later chapter [3.2.1].

I saw little potential risk that the focus of the study: everyday family feeding activities, would prove distressing or have a negative impact on mothers. I anticipated that problems associated with material poverty and practical feeding skills might be disclosed, but felt confident that such issues could be ethically resolved through use of already established services: I wrote '...Should a mother

experience hardship as a barrier to feeding her children, a named family support worker has agreed to see any mother who wishes to speak to her, and a named health visitor has agreed to take referrals should any mother wish to speak to her about concerns she has for herself or any other member of the family who might be experiencing dietary problems...'. In essence, I had put systems in place to deal with the ethical issues I could anticipate prior to the start of the research.

(C) Unanticipated Ethical Issues relating to Power Differentials

Later critical reflection on the inquiry process, the emerging findings and my empowerment practice led me to recognise power inequalities with me and between participants as an ethical dilemma which I undertook to resolve. I took steps to become more personally involved, and to divest myself of the authoritative role attributed to me by participants, and to devolve Leadership and Resources to participants [5.1 - 5.4. 2], and [5.7.1] and [5.7.2].

2.10.2 The Recruitment Process

Recruitment and induction is the responsibility of the initiator - facilitator, and should be used to give interested parties an opportunity to have a taste of the inquiry process of reflection and dialogue (Heron). It was undertaken in three stages:

1. Preparatory Stage: Publicity and Raising Awareness
2. Recruitment Session 1: The Information Session
3. Recruitment Session 2: Enrolment and Initiation: Establishing Research Values

2.10.3 Publicity and Raising Awareness of the Research in the Community

Past experiences in the centre indicates face to face communication is more successful than distribution of leaflets and posters in engaging mothers to participate in centre groups and activities. That being so, I had opportunistically initiated conversation with women as they attended other groups and activities in

the centre during the period January – August 2008; I ‘hung out’ around the adjacent post office; visited local mother and toddler groups to talk about the inquiry; attended belly dancing classes; joined in some of the health education classes in the centre and started taking lunch daily in the Children’s Centre Café. I also attended some of the parent forums held in the centre.

In my approach to women, I introduced myself as the centre manager, and was anyway obliged by organisational policy, to wear my identification badge. However I also explained that I was a mature student, awaiting ethical approval to undertake research and explained what the research would be about. It was immediately apparent that some of those to whom I spoke had no interest, but some enjoyed chatting to me, and I explained when I would be likely to start, and that they should look out for posters and leaflets in the children’s centre. Some of these women became volunteer participants, but the largest group of volunteers already attended courses in the centre, and some had been involved in my masters’ research.

I was apprehensive about whether my status as a manager and the age differences between me and the mothers, would be a barrier to gaining volunteers. Action research requires recognition of how one is received by others (Torbert, 2001) and I was encouraged to find, that face to face in informal situations, I was able to generate interest, amusement, agreement and sympathy with tales about my experiences of bringing up my family. As acceptance of me in these situations grew so did my confidence. I felt I had made a breakthrough from my prescribed ‘systems world’ role as a manager into the life world of relationships (Habermas, 1987).

When attending classes, I was surprised at the level at which the curriculum was pitched. On one occasion, mothers were sticking cut out pictures of foods into relevant sections of a ‘healthy plate’ marked protein, carbohydrate and fats. I was somewhat puzzled because I knew that some of the mothers attending this group were capable of far more than this, one mother was a qualified NNEB; and others whom I recognized by sight, had previously attended groups doing similar work. I reflected on the fact that two members of staff with NNEB qualifications had just

completed Foundation Degrees which the centre had supported with funding and study time. The discrepancy of outcomes for those working in the centre as employees and for those attending the centre as mothers, sat uneasily with me. From my own experience now, I understand better how difficult it is to work with a group of 'local community' mothers who may live in the same area, but have very different levels of readiness for an engagement in learning.

2.10.4 Commencing the Inquiry into the Topic: Feeding the Family

(a) Week 1: Recruitment and Information

An information session to explain the research and provide written information was undertaken. A total of 16 women enrolled and owing to participants' individual time commitments, we agreed to hold two separate sessions each week for the 16 weeks from the beginning of September to the end of December on a Tuesday and Wednesday Morning. One participant suggested that she would be able to sometimes attend the two sessions each week if this was found to be helpful. Ten women whom I had recruited from the health education class agreed to meet on Tuesday; and the other six, agreed to meet on Wednesday mornings. One member in each group was a local mother employed by the children's centre to undertake session work, which involved welcoming and providing hospitality.

(b) Week 2: Enrolment and Induction and Sampling the Methodology

Expectations for enrolment and induction are outlined in role of the facilitator [2.3]. The formal process of 'enrolment' was undertaken to fulfil ethical standards of gaining signed confirmation from participants that they had received and read the written information about the research and gave their consent to the use of their data and freely chose to participate. My intention was also to highlight to participants that they were enrolling as members of an inquiry and not just coming as attendees at a centre event. Eight women attended with their signed consent for the Tuesday morning induction session and two others were inducted separately. I prepared the room carefully for the eight women to make it more open and informal by moving out the tables and arranging chairs in a semi- circle.

(c) The methodology

I made use of the enrolment session to introduce mothers to the methodology of reflecting on experience and drawing out theories and suggestions for practical actions. I invited the mothers to reflect on a person who had helped them in life; to identify what they valued and found helpful about the person and their actions; and to share with others an example of their experience. As they told their stories, I drew from them, a list of helpful ways of acting towards others and why they had been valued by the participants. The helpful qualities in others included: being honest; being encouraging; listening; showing how something had to be done; not being critical; accepting; being humorous; being generous; giving good example. I proposed they should become the groups' research values and ways of collaborative practice.

At the coffee break however, M. the 'parent worker' spoke to me and said *'I think we have got to be honest with you. The women think all this is crap. I'm just being honest with you for your own good because if you carry on like this nobody will come back next week'*.

(d) Democratic Process

I can now be philosophical about participants' willingness to 'be honest' with me, but at the time I felt hurt and my confidence in being able to engage the women was shaken. Practically speaking however, I took this opportunity to explain and enact the democratic principles of the research process. The women explained that they wanted me to bring back the tables, because without something to hide behind they felt far too exposed. The first democratic decision we made was to reinstate the tables and sit behind them. I later reflected in my diary on my sense of vulnerability and my learning:

'...I feel vulnerable because I am dependent on the cooperation of complete strangers who might change their mind about working with me, at any time...'

I was also aware that I was 'receiving' a mixed message about the group with incongruence between my feelings and my observations:

‘...I am feeling that they are a close knitted group and I am the outsider – but the first thing they did was put up the physical barriers of tables to separate themselves from each other as well ...’

With the benefit of hindsight, I see now that as a group, we were not ready to engage in a participatory inquiry prior to greater facilitation and empowerment of emotional and social, as well as cognitive inquiry skills (see role of facilitator).

2.10.5 Characteristics of Participants

All 16 participants self-selected by volunteering and this was acceptable as my interest was related to influences experienced as mothers in this community; and in giving mothers who would more usually be subjects of others research an opportunity to research. Although the participants were newly constituted as an inquiry group in September 2008, the majority were not meeting for the first time. Our fledgling relationships as co-researchers were interlaced by other ways in which members knew each other: as family members, centre attendees, as neighbours, and as members of the community. Roles participants carried in the children’s centre included being centre users, parent representatives and parent welcoming employees, all of which in some direct or indirect means related to me in my role as centre manager. Some parents, had known each other for years as regular attendees of centre groups and had already established friendship groups with demarcated boundaries of inclusion and exclusion; two mothers in the group were related as in-laws through their respective ex-partners; and while three other mothers were introduced to the centre and met for the first time here, one of them found that in her school days she had for years sat next to the husband of another, and knew him and other members of his family well. Only one mother seemed not to be part of a previously established relationship network.

2.10.6 Priority Groups

National Children’s Centre Practice Guidance (SureStart, 2007) identifies priority groups of families likely to need integrated multi-agency support. They include families with significantly poor parenting skills that may put children at risk; families

likely to experience social exclusion because of parents' chronic ill health; child disability; parent disability; teen pregnancies; poor mental health; history of substance abuse; and own criminality or that of family members; domestic violence; and families with severe barriers to employment for the above reasons and those in which neither parents nor grandparent have any experience of work. Owing to the density of health and social deprivation in the area (see Appendix 3), the priority groups are representative of the majority of those receiving services from the centre and are represented in attendees of activity groups, and this was also true of the research group.

Numbers and ages of children and Relationship Status at the time of the research are tabled below: Figure 9.

Relationship to Children	No. of children	Ages of Children (Yrs)		Relationship Status
		Male	Female	
Mother	3	6yrs, 8yrs	12yrs	Lone
Mother	1		3yrs	Widowed
Mother	4		2yrs, 5yrs, 7yrs, 11yrs	Partner
Mother	2		8yrs, 10yrs	Partner
Mother	3	2 Teens	7yrs	Partner
Mother	2	18 months	3yrs	Partner
Mother	2	Teen	2yrs	Partner
Mother	3	7yrs, and under 1	2yrs	Married
Mother	1	11yrs		Lone
Mother	3	3yrs, 1yr		Partner
Mother	1		18 months	Lone
Mother	2	2 years	Teen	Partner
Mother	3	2yrs, and 3 months	4yrs	Married
Mother	2		5yrs, under 1 yr	Partner
Mother	4	2yrs	7yrs, 4yrs, 3 months	Lone
Mother	2		12yrs, 2yrs	Partner
Grandmother carer				Married
Mother	2		11yrs, 2yrs	Partner

Figure 9 Participant Profile

2.10.7 Education and Employment

Two members of the group held accredited qualification: NNEB, and an NVQ level 3 in childcare; and during the inquiry two mothers revealed they had literacy problems. Other than the two parent workers who were employed part time in the children's centre; and another mother who was on maternity leave from part time employment, all of the participants were fulltime mothers at home with their children. Three new babies were born to participants over the 18 months of the Inquiry.

CHAPTER 3

THE INFORMATIVE INQUIRY PROCESS

In this chapter, I use narrative to show the inquiry process as the development of methods through which participants could be enabled to generate knowledge of practice by becoming more conscious of their actions and experience in practice; and also to record it as data, reflect upon it and to engage in dialogue about what meaning it holds for them.

3.1 The First Research Meeting of the Tuesday Group

Unlike professional practice which has been explored in action research by those who undertake it, the practice of family feeding, is known through the reductive definitions and interpretations of third party researchers. This means that we do not yet know what actions mothers themselves consider to be involved in the feeding of families; nor what **they** consider as the significant experiences relevant to their day to day practice. I suggested that addressing this gap in knowledge should be the first step in this inquiry and asked participants to collect data to answer the questions ‘what actions do I take to feed the family/’ ; and ‘what am I aware of experiencing?’ The mothers agreed to begin collecting data about feeding the family at breakfast time and to present to each other what they found.

3.1.1 My Directions to the Group for Data Collection

Participants were advised that data collection meant compiling a retrievable record of their practice in a form that they could reflect upon and communicate to other participants. Aspects of practice of interest would include the actions they took to feed the family, and the people, places and things they encountered while doing so. In addition, I explained that ‘things’ could be artefacts such as equipment as well as less tangible things like their own thoughts, feelings and emotions.

The forms of data I suggested to participants included:

- Written records: diary, notes and other written records e.g. presence matrix sheets
- Visual and audio media: photographs, drawings; voice recording; or video recordings

The Presence Matrix sheet was circulated and explained, and participants were advised that they could book and make use of the centre's digital cameras and / or video-recorder if they wanted to use these. Digital data could be stored on the centre server or printed off as photographs in the centre. Some participants explained they had access either to digital camera's or to a phone that could take photographs. One participant had access to a video-recorder camera, but none of the others had access to phones that took video recordings. Five participants said they required use of the centre cameras. At this meeting, the group overwhelmingly rejected use of the video recorder as a means of collecting their data as they thought it would be impractical to try to do this as they were busy enough trying to feed their families; and in addition they did not want to see themselves on video as they would feel silly. Extracts of my explanation of why they were to collect data and what purpose it serves are included below:

3.1.2 Data as Evidence

'....The reason for collecting data is to have evidence of what we do and what we experience –I don't mean proof to make others believe us - no - it's so that you can rely on your own judgement that what you are remembering and saying, is what actually took place. So you can say – "I'm not just imagining that that happened yesterday at breakfast time and again today, because I've got a record of it'; or you can be certain, that when you think is a pattern such as – what you feel about something – you can look back and check – oh yes, I wrote about feeling like that yesterday and the day before ... and so on. So this is why we need to record what is happening in our practice: what we are doing and what we are thinking or feeling, near the time that it is happening. So it's fresh in our minds...'

After some discussion, participants agreed to trial use of the matrix sheets at breakfast time each day in the following week.

3.1.3 Second Research Meeting

Report back from 'action': Participants' experiences of the matrix

The following week, while some mothers had made good use of the matrix sheets, others arrived without having completed them or bringing any other form of recorded data. Those who had not completed the sheets said they were too busy to complete them; and their mornings were much the same each day; and they did not need to write it down to remember it.

The mother who had completed the example (Appendix 4) reviewed several others that she had completed and confirmed that for her, every morning was much the same:

L 'Lookin' at the sheets I've done, it's true. I do same every mornin', more or less same time.....'

She noted the difference using the matrix sheet had made to the data she had recorded in comparison to a diary form she had tried earlier;

L '...usin' them sheets 'as made a difference though. 'Cos before, what I wrote down (in the diary), and now (in the matrix) it's a lot more....like what I was feelin', and thinkin'. It's got a lot more detail'

KB had completed the sheets and said she saw how much work she did every morning, it reassured her that she was organised and realised that negative comments she had received in the past, had made her self-belief stronger. In addition, she reasoned, if she was a bad mother, social care would have taken her children:

'...what I've done has like made me feel proud o' me self. Lookin' at it written down, I think, 'ow do I fit all a that in every mornin'... it's made me see I'm a lot more organised than I thought I was. That I do a lot more things than just being a mum....'

(She looks after a large collection of pet animals as well as all of her housework). Like looking at it (the matrix), peoples comments, the negative ones have just made me stronger. 'Cos if I was a bad mum, the kids 'ed be took off me'. KB

EP had found using the matrix helpful and interesting. She said

'...I'd say that I felt I wanted to put more stuff in it really, so yeh, situations like. I've just put like, "I've got the packed lunch ready", that, "I've made the breakfast" but you feel like you wanna write, I just wanna sit there and think. ... you wanna go on (laughing)....'you wanna write a book, that's what starts comin' up just by putting these little bits, You just have to concentrate on that though, you can't do anything else at the time. You've gotta just do that...'

Although DY had only completed the matrix on one day, she understood the principles of how and when to collect data:

'...I can't write this in the morning, don't get time. It's whenever it can be written, so it might not be as accurate as if I was writing it as it was happenin' but I ain't got time to be writin' it of th'mornin'. And I've only done one as well but every morning is pretty much the same unless something kicks off, but we don't usually have time for kick offs of the mornin' ...I should have done it a few more times to compare really but to be honest I did not get anything much 'cos like I said, breakfast time. There's not much that goes on, and I've only got so much time to get done so and it's the same each morning...'

NY, a grandmother explained that she had not written anything down, but nevertheless, she began to describe her recognition of how having a cold one day, had made a difference to what she did and how she experienced it:

'....I had a cold, and that said, I've not wrote anything down, but like last week, one morning in particular, I was full of a cold and I didn't want to get out of bed to start with....'

I explained that they were free to make all of the decisions about the methods best suited to the group to record data:

‘...No one is an expert on the ‘right’ way. We are finding out as we go along, what is the right way for us. We can’t just take a way ‘off the shelf’ CK

3.1.4 Deciding to begin collecting data as verbal accounts given from memory

In getting to know participants, I intuited that some would not be able to consistently record data on a daily basis, for reasons such as lack of time, and inability or unwillingness to adopt such a disciplined approach. It meant that the patterns they felt were a part of their daily practice and experience could not be evidenced through daily records. In my ethical application I had foreseen that participants might lose interest or be unable to commit and that they would be asked to withdraw. I recognised that some participants belonged to the priority groups [2.10.6] and may well be in situations with more pressing things on their minds; and I did not want them to miss out on what I hoped would be a learning experience. For the first of many future occasions, I felt it more ethically correct to find ways around difficulties and prioritise empowering participation above planned procedures.

I agreed to trial a suggestion by EP that mothers could just speak from memory about their breakfast time and that it could be recorded and written up by someone else. She reminded us that everyone had already agreed that their mornings were more or less the same, and that the data matrix sheets already collected by LN showed it:

‘Yeh, like it (breakfast time) is the same anyway, like everyone’s just said, and K and J, what they’ve done proves it. So talkin’ about one mornin, of we just talk about one, we could Yeh (record it), other than write it, If they don’t want to, then as we speak (here at the meeting), then maybe somebody else could write it up for them...’ EP

I reminded participants of other non-written ways of recording, included taking photographs.

3.1.5 Feeding the Family at Breakfast time is Boring

Although it seemed everyone was in agreement to give a verbal account of breakfast time, participants raised concerns they would have nothing interesting to say as it was boring and they did not do anything:

'It's borin', I don't do nothin' me' (LN).

And another mother said:

'I don't do nothing me, in the mornin' really, just give kids breakfast, and that' (CN)

3.2 The Inquiry takes a Narrative turn

I reminded the group that in reflecting and talking about their experience they might learn something of interest and of use to them. I asked the whole group would they be willing to engage in telling stories about breakfast time, if I helped them to create more meaningful narrative stories about their experiences. We arranged to make the following week a workshop on developing a way of growing stories.

3.2.1 My Reflective Diary

In my diary I reflected on my feelings about the last meeting and critically reflected on my role of facilitator to inform my planning and practice for the following week:

'...it was hard work! It is not as though they are uncooperative, just silent and waiting. I also have the impression that some do not want to give anything away in an unguarded comment or gesture. There is a distinct body posture in this community that I have noted before, and it was evident today. It's like a "stiffness" in the way they hold themselves, slightly turned away from the person they speak to ...'

My previous training in counselling included an appreciation of clients' body language and I recognised theirs as feeling vulnerable and defensive. I pondered on what they perceived to be dangerous, and if it was me. In my ethical application, I had highlighted their privacy was respected as they had autonomy in what they chose to reveal, but their body language was unconsciously revealing what they

felt; although not why. I resolved to develop methods of empowerment that would make the women feel more comfortable and confident about working together; and through which they could come to know me, and learn they could trust me to act with integrity.

My reflective diary shows I am aware of previous assumptions about what would be required from me as facilitator, and my reasons for continuing:

*“ It would be much easier to set up interviews and focus groups ...without any of this – working on group conversation and storytelling. It’s as though ‘progress’ in this inquiry is actually taking steps back to a starting point, not moving off from where I thought the starting line was ...’ ... ‘ but I went on ‘ – but it’s worth it, I want the most disadvantaged mothers to say what feeding the family means for **them**... but I’m going to have to be realistic about how possible this will be’*

3.3 Third Research Meeting: The Workshop Session

I planned the story telling training session around the knowledge participants would have gained from watching TV. My plan was to use their knowledge of how stories unfold in mystery drama through the investigative skills of a detective as the way we would individually and as a group, gain greater awareness of the full context and meaning of a person’s action (or practice).

The materials used in the teaching session:

1. Teaching tool: ‘Growing a story’ was given to participants to read (Appendix 5). As a group activity, participants were asked to read the murder story and a discussion took place about the sort of information a detective would want to know.
2. Participants compiled a list of questions for the detective which were then categorised by the sort of information they were intended to elicit (See Appendix 6: The table of Questions).
3. I agreed to develop the Table of Questions (Appendix 6) into a draft Investigative Reflective Framework (IRF) that would be applicable to investigate and make use of an account of action to build a more meaningful

narrative that reveals its full context. The final IRP framework of questions is shown in the methods section [2.6.3].

3.3.1 Photography: Framing

The second hour of the session was spent on going through a downloaded tutorial on framing a picture. It explained the relevance of composition to the intended purpose of the photograph. A discussion took place about its relevance for capturing family feeding experiences and words commonly used when thinking about and explaining our understanding of something were highlighted, and their relevance to the research concepts of perspectives was explained.

3.3.2 Group Summary of Learning from the Workshop

My purpose for the work shop was to fulfil my responsibility as the facilitator to encourage and empower participants' cognitive understanding and ability to use method. Participants' feedback showed they had grasped a basic understanding of the method of questioning as an investigative process; and that it could lead to better understanding by all involved, about the context and meaning of an action.

Plan for Next Session

KC volunteered and gave an account of actions she took at breakfast time which I recorded and transcribed [3.4.1]. Two volunteers agreed to meet prior to the next sessions to use the draft IRF framework of questions to formulate some preliminary questions to put to KC to develop her account into a narrative. The mothers decided on 10 questions [3.4.3]. They mainly selected questions from the story part: complicating action. They worded them appropriately to apply to KC's breakfast time account: Questions 1-10

In my reflective diary I record the ongoing dilemma I experienced:

'My dilemma is this, I could spend the whole time teaching ordinary communication and research skills in an effort to make it fully participatory and as a result, not actually undertake an inquiry at all'.

3.4 Fourth Research Meeting: Using the Investigative Research process

Participants use IRP to build a narrative from KC's account of breakfast time.

3.4.1 'KC's Breakfast Time': The Account as first told

"Well what it was they weren't eating breakfast before school and I was not happy with that 'cos they'd just started back and I know they get toast at school but I still wanted them to have breakfast.

So one morning I thought when I was downstairs, I put the bowls out, put the spoons out and I shouted up and they came down. And three mornings now I've done it. I started it on the Monday, so there is only three of them had breakfast, there was still H. who wasn't having breakfast. Then Tuesday morning I did it again and all three of them had breakfast. And then this one is the last day (Wednesday), I called them and H. came down first and she had Weetabix, and then last night, I was putting her to bed and she said: 'I enjoyed that breakfast this morning, are you going to do that tomorrow?'" So that was Thursday she came down and had it again.

So I just have to keep doing that, ye see they seemed to be comin' down and looking in the cupboard and couldn't decide what to have for breakfast, and then just not having anything. So that has worked for me anyway. Sometimes I will have my breakfast if I am early enough and then I go and start waking them all up...' (KC)

Developing the Story through Questions

The following questions (see Figure 10 below) were put to KC, and extracts of her responses are shown below. The origin of the questions is explained [3.4.3].

Story Part	Questions
Orientation	1. Who are the people in the story?
Complicating Action	2. How did you decide what to give the children for breakfast? 3. How did you know how much to give them? 4. Do they have any individual likes or dislikes? 5. Describe what the children do in the morning before school 6. Describe what you do in the morning before taking the children out to school 7. While the kids are having breakfast, what are you doing? 8. Is there anyone else who has a bearing on your story that you have not yet mentioned? 9. What did you feel when you saw the kids eating breakfast? 10. What did you think when H. said she had enjoyed breakfast? 11. Why don't you sit down with the children?
Resolution	12. Why did you make the change now ?
Coda	13. How do you feel now, after telling your story?

Figure 10 Developing the Story through questions

3.4.2 Posing Questions and Recording Data

After listening to the account which was read by KC, the group circulated the 10 investigative reflective questions [3.4.3] previously formulated by the volunteers. As a group action, the presence matrix sheet was used as a template on which to record the 'presences' in KC's account. Participants were asked to make a record of the new presences that would emerge as we developed the narrative. This

meant that participants were actively thinking about the process and becoming more aware of our growing knowledge of the context of action.

3.4.3 The Ten Questions

Question 1-10 in Figure 10 (above) were chosen by participants to prompt KC to recall and reflect upon more of the complicating actions in her story in order to reveal through the narrative, the fuller context and complexity of her practice as she becomes more fully aware of the relationship of her practice to other people, places and things.

Questions 11 and 12 spontaneously arose during dialogue in order to make more sense of the information we were hearing.

Q13, was put by me after each use of the process, to learn how participants who provided an account and then engaged in IRP experienced the process.

As greater detail emerged through the questions put to her about the context of her practice, it soon became clear without need to analyse data, that putting out the cereal bowls was just one of the many actions the mother took in order to get her children to eat their breakfast before school. When prompted about what else she is doing she could describe by rote, the actions she takes in order to be ready to give the children breakfast:

'...I get up, have a shower, downstairs 'n open all the curtains, make the packed lunches, take washing out to the washing machine or dryer if it's been on the night'

Responding to the questions, the work of waking the children and getting the children up played a much larger part in her story than had initially been presented in the first account:

'...I shout up at half past seven but usually again at quarter to eight, and sometimes again at eight o'clock. I try and tell them be down for eight o'clock and you will have time for breakfast and you might even have some time to watch TV and that sometimes gets them down a bit quicker. And then they notice then that they are not rushing, and they have time you know to eat their breakfast. So telling

them beforehand helps. We have now started setting alarm clocks and you can hear them all going off at half past seven because usually I am downstairs making sandwiches, packed lunch and I hear the alarms going off and I can hear the footsteps as they switch the alarms off as they jump back into bed.' (KC)

When asked why she had adopted the new practice now, she explained that it was the start of the school year. She realised that a part of getting her children to eat breakfast before school, involved trying to avoid becoming late for school. She recalled how the school deals with latecomers using a system of warning cards, a system borrowed from football that has resulted in late parents being issued with a red warning card.²

'They are at the door, in the foyer with the tickets, five to, and you get a late ticket!'
KC

The simple account of the work she undertook to give children breakfast began to grow into a narrative that revealed a wider context involving school and societal expectations about the timeliness by which she would have completed breakfast and got children to school. She recalled her experience:

'Because last year we were always late for school and this year I was determined not to get a late ticket. Because we were getting late tickets all the time and it would be just one of them (the children) would mess everything up, be late and make us all late. And I felt really bad 'cos I felt like it was my fault that we were getting late tickets...' (KC)

3.4.3 (A) The Meaning of KC's Experience

When K reflected upon all of the emotions and feelings she experienced at breakfast, in the presence of the empathic understanding of the other mothers, she saw another new meaning to her experience of stress and anxiety in practice. She

² Based upon the red card given to football players as a warning that they had broken the rules, in a local school parents are given a red card by the school for lateness prior to other actions being taken by the school.

Thematic Analysis using the Data Matrix categories shows greater detail in the Narrative

1. TIME

(a) In Account: No mention of time

(b) In Narrative: Time is central to the story. It is experienced as a sense of rushing to meet deadlines. The narrative covers a longer period of time and draws upon past memories

2. ACTIONS

MOTHER'S ACTIONS

(a) In Account: Putting out breakfast things and calling children down

(b) In Narrative: As above, but also looking at the clock, listening out for the children, repeatedly calling children down, coaxing children with promises of TV, doing the housework: dishes; laundry, packed lunches; and getting herself ready.

CHILDREN'S ACTIONS

(a) In the Account: Reported as coming down to breakfast, choosing cereals, and eating and enjoying breakfast.

(b) In Narrative: As above but also turning off alarm clocks, going back to sleep, and watching TV if up on time.

3. PEOPLE

(a) In Account: K and the children

(b) In Narrative: As above, but also Dad is at home, and the teacher is present in mother's memory

4. PLACES

(a) In Account: The Home

(b) In Narrative: Home and School

5. THINGS

(a) In Account: cereals, bowls, cutlery and table

(b) In Narrative: As above plus clocks, TV and red ticket

6. FEELINGS

(a) In Account: Happy that children ate breakfast

(b) In Narrative: Feelings of being rushed and stressed, and memories of being made to feel bad at school

7. THOUGHTS AND INTENTIONS

(a) In Account: Wanting Children to have breakfast

(b) In Narrative: As above but also wanting to avoid being late, avoid receiving a red card, and avoid being made to feel bad.

Figure 11: Analysis of Narrative

felt it reflected the fact that, what she has to do as a mother, is not understood or valued by the school because the system of red tickets takes no account of the circumstances that can make her, a mother of four young children, late for school. There was an immediate support from mothers for this perspective. Their empathic glances, and murmuring and comments reflected an outpouring of sentiment. Further reflection and dialogue on this theme also took place in the following session as other mothers wanted to add their experience in support of this understanding and it has been transcribed: Appendix 7. It shows that mothers feel that the systems in place mean that neither they nor their work is valued. The sense mothers made of their experience is an interpretation that reveals the view mothers have of the world of school and their place in it: their worldview.

3.4.4. Simple Thematic Analysis: Categorisation of Data

Feedback from the notes made by participants during the narrative was scanty. A presence data matrix template (see Figure 11 above) was completed from memory by participants and from the notes I had made. It enabled a simple thematic analysis of the data and showed participants how the story had developed.

3.4.5 What has been learned using IRP

Mothers were asked to contribute their ideas of what had been learned about breakfast time from KC's narrative. The results were written down on the flip chart, they are transcribed below:

Giving children breakfast involves:

1. Not just giving them cereal, but doing everything else that makes it possible: getting children up, coaxing e.g. TV to get children up etc.
2. Breakfast time isn't the only meal prepared at breakfast - includes getting school lunch ready as well as other things.
3. KC is doing everything even though their dad is in house Gaining satisfaction when children eat breakfast and worry when they don't.

4. Breakfast is in the house but teachers and school is in KC's mind at the time she is taking actions.
5. The actions KC's takes express her: knowledge of her children's behaviours – how they eat, what they do: switch off clocks etc. knowledge of what the teacher will do if she is late;
 - Memories and feelings about being late, and other past and present experiences.
 - Health knowledge in wanting children to have breakfast.
6. Mothers feel the work they actually do in the morning is not understood or given value by schools or teachers.

Summary of dialogue on the information put on the flip chart:

Past and present experiences influence and give meaning to KC's work in the morning. IRP revealed that her actions have meaning in the wider context of schools; and her wish to avoid an encounter with teachers and school that would make her feel bad. KC explained that feeling bad was being made to feel that she was failing as a mother, that she was not doing her job properly as a good mother would.

CK highlighted to the group that in this situation, being made to feel bad, meant that the teacher and school system were letting her know that she had failed to meet **their** expectations of her as a good mother to get to school on time, and it was a value judgment of a mother that they could either accept or challenge.

Next Steps suggested by CK as facilitator

Research Aim for the following week: To collect more data to show a range of actions and related presences in experiences at breakfast time

1. Each mother was asked to reflect in the following week on their own actions and experiences at breakfast time and come back ready to give an account

and engage in dialogue that CK would facilitate, based upon the 10 question [3.4.3].

2. Prior to the next research meeting, some volunteers to work with CK to create a presentational form of the knowledge about KC's practice, as a visual record of the data that had emerged in the narrative.

Experience of the Investigative Research Process

Prior to the end of the meeting K was asked how she found the IRP experience. K said she had enjoyed it.

3.4.6 The Collage

During the following week a small group worked with me to compile a collage (Figure 12) to show the growth of knowledge about K's breakfast time practice and experience. This collage was reflected upon by KC:

3.4.7 Reflections on the Collage

KC said:

'You don't always know what's in your mind all the time. At home, you're just thinking about what you've got to do next, but it's surprisin' when ye see it all together, like you said, it's part of the bigger picture ...'

I noted:

'Yes, for example, when you meet the teacher, she is acting as a representative of the school system and you are there as a mother of a child in the school. You're both part of a bigger picture...'

3.4.8 A presentational Form of JC's Knowledge of Breakfast Time

THE BIGGER PICTURE IN A MORE COMPLEX STORY



Figure 12: Collage of Presences in Breakfast Time Experience

3.5 Fifth Research Meeting

3.5.1 Data Collection: Report back from Action Phase

Having immersed themselves in the action phase of returning to their everyday lives as mothers, the participants said they were ready to give short verbal accounts of their own breakfast time experiences, and produced photographs showing breakfast time. Some photographs were later used to make a collage: a presentational art form expressing mothers' work of feeding a family (Figure 14). The verbal accounts were for the most part, chronological lists of work undertaken, as opposed to reflective accounts about their experience in practice.

The first speaker prior to giving an account of her breakfast time returned to the subject of the school deadline because she wanted to emphasise the strength of feeling she had about the way mothers and children were treated by the schools (Appendix 7).

3.5.2 The Data Matrix Template: Collation and Analysis of data

Following the account giving, a data collation and analysis was undertaken with participants in the session so that all participants could see how their individual data could be collated with that of others.

Figure 13 below, shows how the presence matrix was used as a template on which participants individually entered their own data into the categories of 'practical actions' and 'people', 'places'; and 'things: items; thoughts; feelings and emotions. As the group read through the collation together, duplications of entries were removed.

Later in the session, the collation was used to guide a reflective dialogue about the actions taken by mothers to feed the family at breakfast time. The dialogue has been transcribed (Appendix 8). It was agreed that the next session would be a creative session. Action during the week was to reflect on their experiences and to choose something they would portray in an art form. Participants agreed to bring photographs to begin the collage that would form part of the creative art work.

3.5.3 Use of Photographs

Photographs were collected to show the content of a mother's work , they were not intended to be used for reflection to develop consciousness of issues in the topic, as is sometimes the case in participatory research (Carlson et al., 2006). They were examined by participants and found to contain examples of the work mothers they said that they do in their routine and a selection of photographs was collated that they felt represented their work: Figure 14 in [3.6.3].

COLLATION OF PARTICIPANTS' DATA

ACTIONS

Mothers Actions

Getting children up, washed and dressed; Giving children their food; Prompting children to eat; Stopping children crying; Keeping children from arguing and fighting; Putting on TV; Doing housework: laundry and cleaning; Prompting children to hurry up and get ready; Completing school forms and signing letters; Getting PE kit ready; Getting school bags packed; Taking children to school

Children's Actions

Being got up, washed, dressed, fed; Asking for breakfast; Getting ready for school; Packing bags; Bickering and kicking off; Watching TV or Video.

PEOPLE

Mothers; Fathers; Children; Teachers; Friends. Neighbours; Parents and children on school grounds; Shop keepers

PLACES

Home: Kitchen, bedroom, lounge, bathroom

Outside: Shop; Road; School

THINGS

Breakfast foods: cereal and toast; School bags; Books and letters; Forms to sign; Washing machine; Laundry; Kettle;

FEELINGS AND EMOTIONS

Children

Children's moods

Mothers

Tired; Anxious not to upset children or be late; Rushing; Feeling not valued

THOUGHTS

Important that children eat breakfast; Got to get every one ready; Look at the time.

Figure 13: Collation of Participants' Data

3.5.4 My Analysis of Data

I undertook an analysis of the verbal accounts given by mothers about their breakfast time in research meeting 5. The aim of the analysis was to monitor the consistency between participants' recall of breakfast time in their individual verbal chronological accounts of actions with the group collation of data during the research session; and assess congruency between mothers' actions with their stated intentions (Appendix 8). The analysis is presented in Appendix 9. Implications for bias and validity are reflected upon in [2.6.8].

3.5.5 Emerging Findings: Statement

Making use of the information collated and drawing on the points on which I had sought elucidation in the dialogue, I prepared the following statements of emerging findings about 'The Practice of Feeding the Family at Breakfast Time' which was presented in research meeting 7.

- 1 The work we do is the job of a mother.
- 2 We are all trying to achieve the same sort of things.
- 3 Routine and Time feature strongly in our experiences.
- 4 Children's moods and behaviours also feature strongly in our experiences and influence how we feel and what we can do.
- 5 We can feel we have no choice; that our work is not understood or valued.
- 6 We can feel a mother's work is not understood or valued and mothers can feel they are watched, criticized and judged.

3.6 Sixth Research Meeting

3.6.1 Creative Session Art and Poetry

Report of the Meeting

This meeting got off to a good start, as to everybody's surprise, M arrived at the research meeting with a poem. She said she had listened to what we had said and agreed the previous week and had written the poem based upon it. She hadn't yet

given the poem a name and asked the group to name it. At the end of the session, the group named it 'Tick-Tock'

3.6.2 *Tick-Tock*

Tick Tock watch that clock
Tick Tock its seven o clock
Up I get it's time to soak
Dishes in sink, no time to blink
7.15 And all is well
Oops I hear kids it's gonna be hell.
Tick Tock it's time to rock
Kids are up and in a shock
TV's on and I'm the one
To get the breakfast for everyone
Breakfast is done it's no fun
Kids are dressed I look a mess
Beds are made, washers on
No time to stop just carry on.
Tick Tock school bags are packed
Kids in car not going far
Tick Tock I've lost the plot
Homework left on the flippin' cot
Kids in school, yes I'm cool
Explained to teacher tried to please her
Got to nip back child in a flap
Tick Tock it's time to flop

The impact on the group of hearing a poem about their experience was very strong. The mothers' faces expressed surprise that a poem had been written and pleasure at hearing themselves described in a poem. One of the mothers

described how listening to the poem made the reality of what we had described as our work, more 'real':

'When you hear it said like that ...in a poem...it's like it's more real than just us saying it ... than what it was when we just said it in the group...' (EP).

The others agreed with her. Another mother expressed surprise that such a good poem had been made from their experience.

'You wouldn't have thought that what we did could be made into such a good poem' (FM)

Recognizing their common experience in the poem provoked an immediate creative response in the women which I recorded in my field diary:

'...Today we were all buzzing and laughing after M's poem. Everyone wanted to respond to it and do something creative as well It seemed to release a spring in us. We were quite giddy as we chatted about how to present the findings eventually, and N thought we should do it as a sort of pantomime for our children and the men... '

3.6.2 (1) Suggestion of a mime

After listening to the poem, the mothers wanted to make their work visible to others so that they could know about it and appreciate it; and for their children to have some knowledge of it as well:

NT suggested that we might work on a drama for the Christmas pantomime. I asked the group to contribute ideas for this. Their suggestions included:

'...It could be like showing what mothers do. Maybe a mime or a play...A clock ringing in the morning like yer alarm and then everyone sort of acting getting up and doing all the jobs ye do...' (NT)

And another:

'That could be good ... it would show everyone, make them appreciate ... (ME)

And another:

'Yeh ... And we could involve the children and get them acting in it as well...they might learn something.' (KC)

There was an almost giddy sort of euphoria in the group as we brainstormed for ideas and one mother came up with a very dramatic ending:

'Yeh and the clock ticking could keep getting faster and faster till we're running round like mad women ...' (EP)

And another member got a laugh from the group by envisaging an even more bizarre final ending:

'Well we could all end up bumping in to one another and collapse together at the end ...sort of fall down in a heap...'

As I looked at the unusually animated and smiling faces that surrounded me, and listened to the suggestions they put forward, I sensed this was an important moment in the research. Although not expressed in words, there was pleasure and pride on everybody's face as they recognised their common identity in the poem.

3.6.2 Reflective Dairy

Later that night, I reflected on my observations of the group at that moment and my own feelings:

'...Today, when I looked at the group discussing the poem, they looked happy. It made me feel good to see them animated and laughing and engaging with each other...'

I reflected on the meaning of what I had written and wrote:

*'...I have noted how different I feel when they smile, engage and interact with each other.Although what I'm seeing with my eyes are changes in **them** – the fact that my own emotions are involved means that at some level, it's also a change in me and the way I am experiencing being in the group. '*

3.6.3 Participating in Art Work

In the research session, listening to 'Tick-Tock' seemed to energise the group, one mother described it as:

'I'm full of buzz, I feel as though I'm buzzing' (NT)

And another mother said:

'I know what you mean ...you feel like you want to move about.' (FM)

'I just want to do something right now, do something...' (EP)

We began immediately on individual creative work. Everyone did a line drawing depicting different aspects of routine practices and experiences; and work began on the collation of photographs (Figure 14). While the majority of drawings depicted women and children around the home at breakfast time, one depiction of a clock caught everyone's attention (Figure 15). We gravitated to it because it was unusual. It showed a mother as part of the clock, it captured our imagination and generated spontaneous dialogue about what it meant, which is reported in the next section.



Figure 14: Feeding the Family

3.6.4 The Clock

The clock image, Figure 15 below, evoked empathic responses from mothers. They exclaimed over it saying

'That's good that!'(LN) and *'that's really good that one!'* (KC)

E. explained: *'it's like 'ow I feel ...like ...just like ye're caught in it. Ye can't stop. Ye've just got to keep goin', goin' all the time. Ye can't stop and say, " what do I want to do?'*

And DY said:

'That's 'ow I feel sometimes' (DY).

Murmurs from the group expressed agreement.

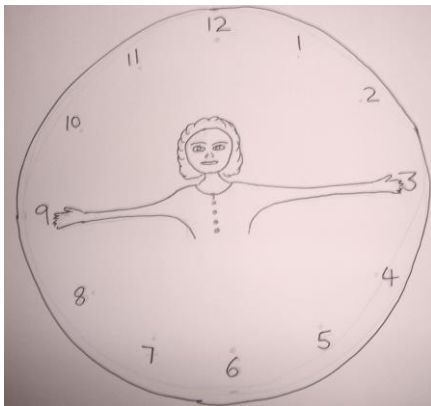


Figure 15: Creative Art Work Clock-Woman

Another mother (KD) reflected: *'maybe the face should be like a clock as well, because you're listening to the tick -tock in yer head'*.

When all had had the chance to comment, everyone had agreed on the appropriateness of the image, saying it expressed something of how they feel in the morning and also at other busy times of the day.

Another mother (ME) expressed the insight the image had given her: she said, *'It's clever really ...the way she's done it (drawn the picture). It's not just like the clock ticking on the wall or in her head. She's making the clock. She is like making the clock...I can't explain it really*

I asked the group to reflect for a moment on the significance of what M had said about the mother making the clock.

KD said:

'She's part of the clock. She can't stop, because while she's doing her things, the clock is turning her round'.

Another mother explained:

'Yeh, like she's making it and she's part of it. And so obviously she can't stop it can she? (DY)

The mothers laughed as one of them said half humorously:

'Yeh ...endless, round in circles. Back t' same place. It does yer head in...' (LN).

The group reached a consensus that a sense of being caught up in the routine and not free to stop or change was something everybody had experienced in routine.

I later recorded my observations in my field diary:

'I noticed a change in my own emotions: a rapid subsidence of the earlier giddy euphoria that tick-tock had brought when we looked at clock-woman. I noted they seemed to gain satisfaction from suggesting interpretations of the image. I could see they were creating explanations by reflecting on the image in the light of their own experience.'

3.6.4. (1) Note of something significant:

This is the first time all of the members of the whole group have engaged in reflection about feelings that are not directed towards other people, teachers, children etc. They are talking about clock - woman but they are understanding something about themselves

3.6.5 Summarising Participants Learning from Creative Art Work

I asked the group, if we could have a final reflection. I had made notes during the session and read them back to the group and gained their agreement of this summary:

- Tick-Tock: We say the poem describes the work and experience of routine. Hearing it in a poem made it even more real than just talking about it; it created a buzz and made us want to do something creative; and made us want to respond by doing something to get recognition of what we do.
- The image of the clock presented a different image of routine: not being able to stop; not being able to change; and not being able to think. We agree we had all experienced this as part of routine.
- Proposal: To do a mime of routine to get recognition of what we do.

The mothers agreed that the creative art work had enabled them to express what they felt, and it left them feeling they wanted to take action.

3.7 The Emerging Findings: Seventh Research Meeting

3.7.1 My Field Dairy Report

Immediately following the session I made the following entry in my field diary:

“Within a few moments of entering the room I felt the atmosphere was flat. Participants were not talking or interacting with each other ... and hardly acknowledged me ... I experienced a strong sense of disappointment as the previous week had been full of buzz;and I experienced a feeling of loneliness and of not belonging, and of the futility of trying to do work that required ongoing relationships with and between group members. I had begun to feel it was not possible.

I took a deep breath and said a very cheerful, 'hello'. As they looked up I smiled and caught each person's eye and acknowledged each person by name ... after a short while I saw I'd kindled responsive smiles and we began again.

3.7.2 Presenting the Emerging Findings

Report of Progress of Meeting: October 21st 2008

I had undertaken a thematic analysis of the content of dialogue about breakfast in the Tuesday and the Wednesday groups to confirm that key points in 3.5.5 were backed up by the dialogue in both groups. It produced a more complete description of the emerging findings: Appendix 11: The Statement, which was circulated. The women's faces showed animation as they heard the report read. I could feel people becoming connected again with the research and with each other.

The report was agreed by everyone.

One of the women said:

'Listening to that makes us sound really clever doesn't it?' (FM)

One of the other participants said:

'When we first started right, like I didn't think I'd enjoy it as much as I've done. You just wouldn't think would ye, yer borin' every day could sound so interestin' (KB)

While the participants expressed general satisfaction with the report, it did not stimulate discussion about what it meant for them which obviously meant that it was not a topic of burning interest. I recognised my ethical dilemma was twofold. My knowledge of childhood obesity research meant that in addition to what the mothers understood from the data, I could see the majority lived in obesogenic home environments [7.1 – 7.1.10], and I was uncertain what to do about it. As the aim of my research was to investigate what family feeding means for these mothers as opposed to me as a health professional, I decided to wait and see what resolutions would come to my mind.

Coffee Break

We agreed to break for coffee and to afterwards decide on what to do in the next cycle. Speaking to a young mother who had seemed withdrawn and tired, she told me she was expecting her fourth child but that she intended to continue in the group even after the baby was born, and asked if she could bring the baby to the research with her. I realized that my observation of her poor participation had been correct but my interpretation of it as loss of interest was not. Another participant told me that the father of her 18 month old child's had 'bin inside' since she was born and that his return was imminent. I could see it was causing her great concern.

I reflected on what significance the emerging findings would hold for some of the women in comparison to their real life concerns. Although the mothers had been interested in the findings, they had not been a topic of burning interest, which is the requirement of a Co-operative Inquiry (Bray et al., 2000). I sensed they were not highly significant to the mothers, as it just told them what they already knew. I felt that the focus of the research needed to change to something that the women would recognise as being of more value to them, and that this was the most important next step.

Deciding the Next Steps

The group was in quite a buoyant mood after the break and we went through the options of what should be our next steps. I had written a proposed list of next steps.

I asked the group to consider if what we had learned from the breakfast time inquiry indicated what our next steps should be. I circulated what I saw as options: Appendix 10.

3.8.1 Presenting Options: Concluding Meeting 5

Option: Dialogue with schools

In response to my suggestion of dialogue with schools, they declined saying:

'Do you honestly think they're gonna listen to us?' (NT)

'Can you imagine saying that to Mr X (The teacher) ... (LN)

Option: Exploring Emotions and Feelings

My suggestion for exploring how to improve experiences of dealing with children and own moods, in the context of family feeding was rejected. By way of explanation, ME recalled their past experience of doing something similar. In what she said I heard both a rejection of the suggestion and a warning to me:

'Yeh d'ye remember that fella that come in to the centre, ye know that time, and he did all that stuff. He had us all in a circle and he wanted us to draw on a great big piece of paper on the floor in the middle. What our feelings were and what we wanted. Well none of us liked it ... none of the women wanted him back did we...'
(ME)

The Agreed Next Steps

The group chose to look at their experience and practice at tea time. M immediately volunteered a story that she could bring. I asked her if she would meet with me to prepare the story and she agreed.

DY asked:

'Is it gonna be like last time. Looking at the same questions during the week? At least we know what we're doing this time?'

We reviewed the questions we had reflected upon in practice at breakfast time and modified them to enable participants' awareness and reflection on tea time experience during the week. The tea time inquiry followed similar pattern to breakfast time, and participants agreed that the key features of experience and intentions for practices remained consistent.

3.8.2 Analysis of my Reflection: September 2011

My initial understanding of participation in this inquiry was to get people engaged in reflection and dialogue. Now I see that as well it's something more experiential, it's

'felt'. In whatever guise participation is conceptually presented, the real meaning of it is felt by those who participate. I had been saying they had use of democratic power but knew my single 'no' would inhibit them from pressing to do the mime. On the other hand, when I found them sitting in glum silence [3.7.1], my friendly cheerful approach was felt and it revived and animated the group.

3.8.3 Field Dairy

Tea Time Research Sessions 8 and 9

The inquiry process was repeated for tea time in research session 8 and 9 and participants agreed that although circumstances at tea time are different, the key features of their experience remained the same as at breakfast time. I had compiled a draft summary of findings from Breakfast and Tea Time research sessions (Appendix 11) which had previously been presented to participants. Reflecting on the statement, the participants again expressed interest in the findings but thought they should be made to look more attractive. They asked that the table of intentions be removed and replaced by the composite picture: Feeding the Family (Figure 14), and for a description of the part they played in the research to be included. [Report for Participants Appendix 15]

3.8.4 Critical Reflection on my Empowerment Practice

Although I circulated all of the options I had reservation related to what participants said they wanted to achieve through a pantomime: changes in **other** people's knowledge and understanding of what they do so as to gain more appreciation of their work from others. I felt a mime as described by mothers [3.6.2 (1)] would show them as being without dignity. I felt intuitively, that dignity associated with a power within themselves: self-esteem (Rowlands, 1997), would ultimately serve the mothers better than seeking affirmation of their practice from others. I feared also, that the mime would focus mothers' attention on their feelings of anger and hostility towards school authority and on how they felt negatively perceived by teachers, and that this might whip up an unhelpful 'us and them' divide between the mothers and schools. I did not want to encourage the simplistic dichotomy of the oppressors

and the oppressed (Dei & Sheth, 1997) as it seemed to me that both mothers and schools needed to make improving changes. Nor did I want mothers' focus of interest to stray away from feeding the family towards a general sense of dissatisfaction about their position in society which I felt would result in the dissipation of emotional energy without participants achieving learning related to the topic of family feeding. Knowing that my opinion would carry weight I suggested that they postpone the mime until we had completed more cycles of the inquiry. In the interim, I advised that as a group, we could begin a dialogue with the schools to discuss the issues they had raised. The mothers declined.

I was left feeling uncertain if I had made the right decision as a researcher. I had acted in what I thought was the mothers' best interests, but this meant refusing to adopt an approach the mothers wanted to take, and of imposing my own views on them. Uncertainty for the reflective practitioner is a blessing in disguise (Attard, 2008), but I felt anxious. The situation had potential to create a 'resistance response' in which members of a community come together to face an external threat but fail to create relationships that benefit them as it is based upon fear as opposed to trust in each other (Carlson et al., 2009). I felt that the actions I took risked my relationship with the mothers and that they might view me as one of the long line of authoritarian figures they feared and resented, and potentially withdraw from the research. The ethical answer, according to me, was not to indulge suggestions I thought unhelpful to the mothers and act out of fear of losing the mothers as research participants, but to adopt a longer term health promotion goal. The goal of establishing authentic relationships to lay the ground for transformative learning; and genuine social cohesion : unity (Carlson et al., 2009). This marks the start of the Transformative Inquiry which is later reported in Chapters 5 and 6.

CHAPTER 4

THE INFORMATIVE INQUIRY REPORT

The Practice of Feeding the Family: A Descriptive and Explanatory Account

(As it had emerged at the end of Phase 1)

An introduction to the chapter:

This chapter was the anticipated outcome of the inquiry: a propositional report [2.1.5] that answers the research question [1.10.1]: How do mothers describe and explain feeding the family and what meanings does it hold for them? It is presented here as an emerging finding about the lived experience of mothers' practice of feeding the family. The significance of this report for health theory is presented in Chapter 7.

In summary, the description and explanation of feeding the family and the meaning it holds as a routine is presented in sections [4.1- 4.4.5]. A recurring theme in participants' accounts, and in group dialogue, was experiences with children and others whom they meet in practice, and this is presented more fully in sections [5.6 - 5.10]. The chapter concludes with a summary [5.11]. Appendices 7, 8, and 12 are transcripts of research session dialogue that can give context. The extracts of dialogue below, have been transcribed to reflect participants' natural pattern of speech while research session dialogue in Appendices 8, 9, 14, has been transcribed only for content purposes.

4.1 The Topic: Feeding the Family

Reflecting on their experience the mothers agreed that feeding the family involved a routine of many sorts of work which they see as being their job as a mother. The work includes giving children food but also basic care such as washing and dressing children, keeping the home in order and children safe from harm and emotional upset, and participating as required in school. They explained that all

the aspects of work are inter-dependent on each other and the routine makes sense when seen as the whole of what needs to be accomplished in order that the family can be fed. Although much of the work is performed in the house, their job takes them out of the home into other places such as shops to purchase food, schools, children's centre, etc. where they meet a range of people in their capacity as mothers. The practice of feeding the family is composite of undertaking the routine of work; the relationships with their children and others they encounter in doing so; and their thoughts and feelings about what they experience.

The following data is presented to support mothers' description and explanation of 'Feeding the Family' as being a routine of work which they considered to be their job as a mother.

Feeding the Family as a Routine of Work

4.2 Presentational Work and Extracts of Research Session Dialogue:

Participants were asked to reflect on whether the Practice: Feeding the Family, should be understood to include the whole of the routine. Figure 16 depicts EP's line drawing and reflection:

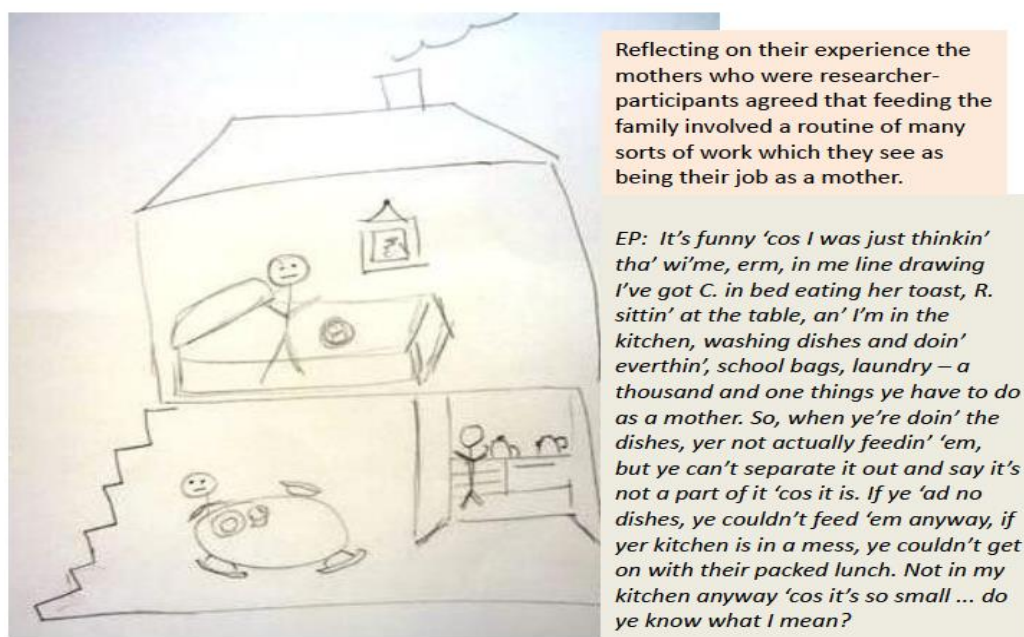


Figure 16: Ye can't separate it out

4.2.1 EP I Don't want her to Kick Off

EP's line drawing above presents the work she does at breakfast time as she explains:

'... I usually ask 'er does she want breakfast but in the mornin' she's a witch oh ... so usually she only has milk loaf. She only likes tha' kind a bread so if I've got tha' in. I've got to go and take it up to her. I'm like a maid. ...I've got t' watch her mood in the mornin'. So I can say, "C. it's on the stairs and I'm busy doin' your packed lunch" but she's like "Get it 'ere!" (Child shouts down demanding). It's that kind of demanding bit! I've just got t' leave 'er depending on what kind of mood I'm in, and I don't want her to kick off so I'll probably go and take it 'er, Oh I've got to watch 'er moods ... R. oh she is just so easy. I think I've learned me lesson with 'er. She still 'as milk, she calls it her 'nilk' and she 'as it in the anyway-up cups, and she calls it 'nilk'. Now 'cos she is still 'avin' milk she doesn't 'ave much breakfast. So I think when she turns three I think I'm going to say, "Yer milks gone 'ave it in a cup, it's gone 'ave it in yer cup, and 'ere's yer breakfast". But she'll just put telly on and have her milk, and then she'll just say, "I want some, I want some yoghurt or coco pops or something". But she will only 'ave two mouthfuls and that's it. While they're doin' that, I'll go and 'ave me shower and getting ready, back down, make C.'s packed lunch. Bit like you B. up and down, up and down. It's not too bad. I can't complain. It's just chaos...'

The dialogue about what should be included in the work of feeding a family continued. AD argues that all the work was part and parcel of feeding the family:

AD: It's like I said, ye've gotta juggle it. Ye can't give yer baby food in a dirty nappy in 'is cot. Ye've got to get 'im up, clean 'im, bring 'im down. If (older child) is mitherin' me fer breakfast, I have to get up and come down, ye can't stay in bed. It's all part and parcel. I have t' put 'im in 'is highchair to keep 'im safe while I get stuff ready'

CK Is that why you let x watch telly in bed with you as well?

AD: Yeh, 'cos once 'es awake, 'e 'as to stay wi'me. He's too little.

CK If we were looking for a single word that might describe all the activities, you see as part of feeding the family at breakfast time, does anyone have a suggestion?

ME: *I think it's all about yer routine, ye've got t' be organised so as t' do everythin' wha' needs to be done. Ye are feedin' 'em but it's part of yer childcare, and ye know, providin' fer their basic needs.*

EP: *Yeh, and that's why, ye' rushin', ye know wha' ye've gotta do, and ye've only got so much time to do it. And it's not just tha' it's getting' kids movin', that's what can cause that stress ye just feel...*

KC: *That's it in a nutshell*

NT: *Yeh, that's really it. Its yer whole routine. Ye can't just prepare food or just give 'em food in their cot. They've gotta be got ready, washed and dressed. So yer laundry does need t' be done. And really, there's a lot more to it too, 'cos we' do give 'em food, but where does tha' come from, how does it get in yer cupboard? – Ye've got to go shoppin'. But ye've got to draw the line somewhere on what to include or ye'd never stop. But shoppin', is definitely part of it. And what's interesting really. We're all doing, more or less, the same things, the same but in different ways, I know it's different, if your child is older or if ye've a baby. But more or less the same.*

CK: I get what you're saying N., all children's basic needs are the same, so that's something everyone has in common – is that the purpose of the routine?

ME: *Yeh, definitely, kids up and out, washed, dressed, fed and on the road wi' everythin' they need,*

CK: Yeh, but you've also said about not letting children get upset, so is keeping the kids from getting upset also part of what you do in the routine of feeding the family

Consensus – murmurs of agreement.

CK: OK, I'm just puzzling myself here a bit, all of this work we mentioned has come out of the accounts of what's involved in feeding children – what's in your mind -

thoughts and feelings as you do the practical work etc. I was about to say that feeding the family is part of a routine, but really, coming from our focus on feeding the family, what we're also saying is that feeding the family requires all of that work to be done. So the routine is all a part of feeding the family, as well as feeding the family being part of the routine.

NT: (puzzled as to my reflection) *That's what we've just said*

ME: *I'm not sure wha' ye're getting' at?*

CK I'm not sure myself – I was just thinking out loud - I think I lost the thread

ME: *Well, Ye've lost us now*

CK I suppose I'm just thinking about which way round it is. Is feeding the family part of the routine, or is the whole routine actually what is involved in feeding the family?

ME: *It's all of it.*

NT: *It's all of it like we just said. I think it's time for another break (laughing).*

4.3 Feeding the Family: A Mother's Job

Based upon the Report Agreed with Participants (Appendix 15), a thematic analysis of transcripts of research session has been undertaken by the author to present in their own words, the routine as practised and experienced in day to day life. In presenting their words, I emphasise they are accounts and narratives not evidenced by day to day record keeping. They express meaning and participants will have drawn from a wider range of experiences and actions to present their feelings about routine as much as saying that this happens every single day. They do however give insights into routine as day to day practice. Where available, the creative work of participants is used as a means of further illustrating what was meant by what was said. Selections were made as explained [2.8 -2.82].

4.3.1 Sarah's Poem

Sarah's poem (Figure 17) depicts the integral relationship between all the different parts of the work involved in her job in the morning: feeding and caring for her family of three young children, one of whom attends school:

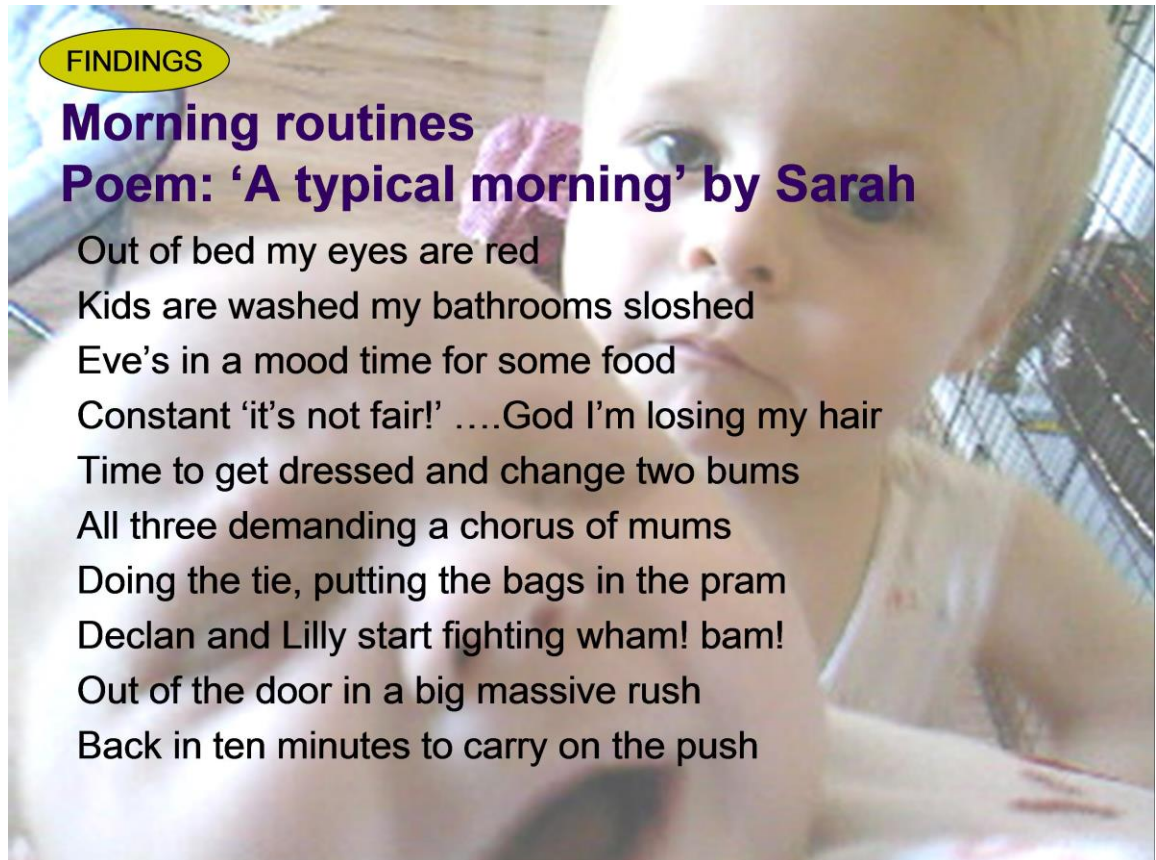


Figure 17: Sarah's Poem

In the poem, Sarah is conscious of herself as the mother, red eyed with fatigue; of the work still waiting for her: the sloshed bathroom; and of the need to feed one child and clean and change another two. She is aware of her feelings of stress and fatigue and that they are affecting her sense of wellbeing: 'God I'm losing my hair'. A single line in the poem revealed how Sarah understood and managed Eve's mood: 'Eve's in a mood, time for some food'. In a conversation about this poem, mothers agreed that it depicted how their routine is tied naturally into children's regularly recurring needs for food and care.

4.3.2 YC Juggling

In her creative drawing of her routine (Figure 18), YC, whose children are both in Junior School, shows a clown juggling plates on which she has written the multiple demands made on her time that she sees as coming into play at meal times: cooking, relationships, school, job, education, hobbies, Brownie's (ferrying children) , friends, shopping, exercise and time.



Figure 18 Juggling

YC explains how these demands all come together in her experience of doing the job:

'....My good mornings are few and far between, it's mainly my fault because I'm not organized enough. If I got a bit more organized the night before then...ye see when I do put my mind to itye see I'm dead busy all day as well. When I come home I just want to chill for a bit and I forget sometimes. The little girl has problems wetting and she might have thrown her pants (school trousers) in the wash basket and I've forgotten! And there I am (in the morning) trying to get those pants washed or I find her a skirt and she'll say 'I don't want to wear that'. It's just a nightmare but I think if I could just put me mind to it, it could be a bit easier. We used to always have the television on in the morning But, there's always some drama or tragedy. This morning it was 'cos the cat hadn't come back, but she hadn't come back from since yesterday morning, so we were a bit worried about her. She wouldn't get ready till the cat came home, and then we had to make a big fuss of the cat and that made us late again!

Every day this week the kids have been late for school. It's just a nightmare. And I'm getting up earlier in the morning thinking if I get up earlier in the morning and do everything I've got to do. And they're still late for school! And we only live round the corner from the school as well. And the teacher must think, 'God she can't even get them to school on time''. It makes ye feel terrible. It's a disaster in our house ...'

4.3.3 BD Order

BD whose children were all pre-school and included a young baby found her routine equally arduous although it was tethered to the intimate care of children who depended entirely on her:

'..You see mine aren't old enough to see t' their selves so I've got to see to our S. I have to do everythin' in turn and they have to wait for me to do it 'cos they're only one, two and three. I have to do'em as they can't do it their selves, they have to wait for me. I've got t' sort them out one at a time, even like just t' get downstairs, I've got to carry two of them down me self. Go up and down. Bring 'im down and then go up for the other one bring 'im down...Everything (the breakfast time routine) ...Ye have to juggle it. And when they're younger ye've t' be more

organized. Ye have to make sure everything is done in turn. Ye can't just set to any which way' (BD)

4.3.4 KB Everyone needs a piece of me

In her creative art work (Figure 19), KB shows the many demands she feels are made on her. Interestingly, she also includes the demands of neighbours and society:

'....Ye feel ye've gotta turn children out, everything clean and ironed just so, or people round 'ere would criticise ye. But its like, me 'doin' it 'cos it's sort of demanded of ye. And society, like, school and teachers an' tha', that's society tellin' ye, ye've gotta be there fer nine or else'



Figure 19: Everyone Wants a Piece of Me

4.3.5 LN Shopping

The stark reality of the integral nature of the work is revealed in LN' story of supermarket shopping. Dealing with the journey and children's moods and shopping leaves her little time to ponder on the contents of what she is buying other than to ensure she is buying what the children like to eat.

"...Go (shopping) once a week, went with R. and her little girl. We walked there, and we get the bus back or taxi, tha's dependin' on what we buy really. It felt like it took forever (getting there) because B. (age 3) walks half a mile behind ye. L. (18 months) fell asleep on the way in the pram. Erm, he woke up at half past four. Erm, ye' have to , like when ye get there, I've got to take L. out the pram, put 'im in the trolley, put B. in the trolley, fold the pram up, put that inside the trolley, walk up to them cabinet things, lock me pram away, then I 'm gonna start doin' me shoppin'. I've got B. pullin' everythin' off th' isles. L., "I want, I want I want.... " So ye've gotta start openin' everythin' and givin'em it, fer t' shut'em up, so ye can get round, get t' the till 'n then pay. I dun'no, It's a nightmare really. (Laughs ruefully) ...An' then, when I've finished me shoppin', gotta get t' till, and they're screamin' in the trolley (other mothers laugh sympathetically and knowingly) that they wanna get out, while I'm tryin'a pay fer all the things, an' bag it all up. An' then I've gotta do the same goin' out. Wait fer taxi, put 'em (children) in first, put all me shoppin' in the boot, and then go back inside an' get me pram. It's just 'ard work!'

4.3.6 MN This Morning was Chaotic

Some days, it can all become chaos. MN talks about her experiences. She begins by pointing out that her feelings are not as negative or extreme as that of some others:

'... Mine isn't tha' extreme, No if he gets up and goes down stairs and asks for 'is breakfast, I know it's gonna be a good day. I put on the TV for his CBB's and after 'is jam on toast or cereal, I know it's gonna be a good day. But if he wakes up just screamin' blue murder, there's no chance of takin' tha' nappy off him, 'cos he has decided a few times to go and pee on the little girl. 'E goes over and says' I'll wee

on L. ” and he does, he wees on her. Lucky enough nine times out of ten I’ve got ‘er away on time, bu’ if ‘e’s having a bad mornin’, Christ, the toy box gets tipped upside down. ‘E doesn’t want breakfast ‘cos he wants TV, but he’s purposely not watchin’ TV, bu’ the ‘ouse looks trashed, like this morning. So this morning was chaotic, me ‘ouse was like an avalanche. Started washin’ all me clothes, ironin’ ‘em. All downstairs there are piles ‘ung up around the livin’ room drying, and ‘is dad comes in with all the stuff I’d left in the car for a purpose: three prams ‘cos they needed washin’, a carpet that I’d got for the bathroom, and they just get dumped on the livin’ room floor. A mess, so breakfast is somewhere in the middle of that lot.

‘On another occasion she continued:

‘.....and then he’ll just eat constantly all day, there’s no set meal times. I’ll give ‘im what he wants, like at the moment he has got an obsession with chicken nuggets, beans and pork.... Yeh, he tells me what he wants fer breakfast and what he wants fer his diner and tea. He’s two (years old) now, he is a good eater. He’ll come up and say, ‘jam on toast mummy’, but he will add ‘please’ on t’ it, he asks nicely. And he walks into me mums, goes into her kitchen cupboard and packet of noodles out, and it’s, ‘noodles nanny’ and she’ll cook it, and he will eat it all. He’s not gonna waste it, he will eat it. So I don’t mind, cos he used to be, he never used to eat. That’s why I make sure that he gets breakfast, he used to have a bite of toast and then run off and play, he didn’t want it. But he knows now he’s got to sit down and have that breakfast at least a piece of toast. I’m not bothered if he eats it all ...’

4.3.7 DY His New Trick

A mother of a two year old explains how her son’s growing ability to explore the world stresses her out in the kitchen:

‘...‘e’s got a new habit now. He can pull the dishwasher open now. And he pulls it down and he’ll stand on it ‘cos it gives ‘im an extra (lift off the ground) ...So he can reach the sink and he’ll be potterin’ about thinking ‘es washing the dishes while I’m doing whatever. So that’s ‘is new trick at the minute... its hard work! Well I’m trying

to stop 'im doing that 'cos obviously 'es getting 'eavier an 'es gonna break it. But then you do 'ave to deal with the paddy (temper) that 'e 'as when you close it. And 'e can just open it now where 'e could never open it before 'cos it's like quite tough, an' he can just do it now an' he just does it.it stresses me out!' (DY)

4.3.8 KC Trying to have a Family Meal

KC explains that the different appetites and hungers and adult timetables make it impossible to eat as a family:

'...and I have to feed them at that time (about 4.30 a family – 5pm) because they (the older children) are starving when they get home so they can't wait ... if L (3 years) is hungry then she'll get things out like biscuits that she wants but I don't let her (have them). If she gets something and I say 'no', then she will cry sometimes.....It causes a bit of stress because she is really slow (eating) and I have to help her and feed (spoon feed) her and it goes cold and I have to warm it up and I know I shouldn't but I do because I can't make her eat it cold and erm, that causes a bit of stress.....and then 'cos I have to feed them at that time when they get home, they can't wait fer G. (mother's partner) to come home. So we don't eat much as a family and I know we should, but it just doesn't work like that 'cos by the time G. gets home, mine they're all nearly ready fer bed and then we (the adults) have our meal. ...'

4.3.9 TK Time for a Treat

Young children cry when left alone, TK tries to solve the problem with a little treat:

'...I'm just waitin' fer 'em to start, the minute I go in the kitchen, ye know, to cook, get bits and pieces or ye know, wash up. It's like every single time nearly. I usually give them a biscuit or somethingjust to keep them quiet for those few minutes while I get on' (TK)

4.3.10 EP Belief in Eating as a Family Meal

EP believed strongly in the importance of the family meal, but to achieve this, it meant finding something different for one child, a fussy eater. This is now part of the daily routine:

*‘...’usually if I’m making something from scratch and we’re having like chicken, veg and potato, then I make that. Obviously C. (age 10 yrs.) will be like, “I don’t want that, I don’t want that”. She’ll eat a little bit of what she does like. **We all sit down.** Other times if she wants some yoghurt or waffle or something like that if she won’t eat that (the prepared food)..... As soon as she has had her tea she is out, she’s gone till sevenso she’s out. She’ll go the shop and get a bag of sweets or some crisps or something. She’s out till seven...’ (EP)*

4.4 Getting the Job Done

Routine helps a mother to get through all of the work that needs to be done. For some, there is no choice but to try and get through it all as there is little help to call upon.

4.4.1 Choice and the Lack of it:

They felt they had had no choice and took on their job without being asked, but mothers were conscious that there would be consequences if they did not do it:

‘...Well ye’ve got no choice because if ye don’t do it what’s gonna happen?’

She continued: *‘Social Services will come knockin’ ...’ (MN)*

And another mother completed the sentence:

‘...and the next thing ye’ll know is yer kids’ll have bin took’ (KB).

Lack of choice and control was also highlighted in the discussion on Clock-Woman [3.6.4]

4.4.2 Lack of Support:

ME, a lone parent reflects:

'...I find it hard being a one parent family. If I'm ill, I've still got to get up and give P. his breakfast, dinner and tea. Even if you're sick, you've still got to get up and do it ...' (ME)

While BD explained: *'...Well my mum works so she can't take time off...'* (BD)

KC provided all of the care for her children at breakfast time: *'...He's the last one down as we are all going out the door. He gets up with just enough time for his self to get ready...'* (KC)

A grandmother carer remembered the support given her by her husband on an occasion when she was ill:

'I was in hospital for 4 weeks. I had part of me lung removed. But me husband was good...' (LH)

But for all of the mothers, the responsibility for ensuring the job was done fell to them, even in the difficult circumstances of illness. As one mother put it, the expectation of the job means that a mother is not allowed to get sick.

'...As a mum you're not allowed to get sick. You're not allowed...' (LN)

4.4.3 Feeling of Power

The very ridiculousness of LN's comment (above) made every one laugh but NT recognised that a mother prioritises children's needs:

'I think its inside ye isn't it? When you've got children, no matter what, you'd get up (from being sick in bed)... Ye'd see to 'em' (NT)

This way of being as a mother, was recognised by EP as not being entirely volitional, but as being taken over by a power:

'...Well before I had kids I used to be terrible. I just used to stay in bed (when unwell) and me mum'd have to run after me. But can't be like that now. It's like a

power takes over ye and ye get over it (feeling unwell). I mean I know yer ill, but if ye were on yer own it'd be, "oh I'm ill, I'm' ill". But with kids ... (implying you get on with it)' (EP)

4.4.4 Conscious of Who Values the Job:

The following extract of dialogue resulted from me asking mothers to explain why they undertook all the work and who valued it.

They answered;

DY: *'It's yer job, that's your job as a mother'.*

EP: *That's yer job, ye're not workin' so that is what you do, as a mother*

BD: *No one asks yer t' do it, ye just do it 'cos it's yer job*

KC: *I know why you (meaning me: Christina) have asked the question, but it needs to be done, and who else is there to do it? I mean, who else is there to do it?*

CN: *Ye've no choice in the matter 'ave ye? 'Cos ye love yer kids, and ye not gonna stand by and see them neglected or go without. Yer wouldn't be a mother if ye did.*

NT: *Well as a grandmother, I am doin' it but if I couldn't do, then me daughter would. But I'm doin' it so she can work, and she needs someone to look after the children.*

CK *She's lucky to have you near bye, and she obviously values what you do. But, you've said, well everyone said, that they feel what they do isn't given value by teachers and schools, so, who does value it?*

BD *It's the kids really, that it's important to, they'd know, they'd feel it if ye didn't.*

EP *I think yer kids, I don't think the' notice everythin' what ye do. But the' need it, even our C. would notice if it wasn't done. It'd be "where's this, where's tha" (laughing).*

ME *The' don't see it now, not while their little. But the' will. When the' grow up. 'Specially if the' 'ave kids their selves, they'll appreciate it. I do wi' my mother now.*

KC I do too, I think ye only begin to understand when you are a mother yerself. Everythin' ye do for yer children. Ye can't really explain it t' yerself. Even as a mother yer can't explain it.

And later continuing this theme, EP said: 'Ye do feel like 'tis yer job because ye don't work and ye're not goin' out earnin' any money...but ye feel ye can't say that, I don't know why. As though ye don't value yerself as much, that's what it is, Why I don't know...'.(EP)

And KB following further dialogue on the theme, wrote the poem in which she tells of all the work she does but feels dismissed as being Just a Mum:



4.4.5 'Just a Mum' by KB

*'Just a Mum' I hear you say
How dare you judge me in that way?
Yes, I'm a Mum with a thousand jobs to do
Let's see you try, couldn't do it, I'd bet you!*

*From waking time to the sun setting
I'm a chef, a nurse, a cleaner & not forgetting
A chauffer, a banker, hairstylist & referee,
There's not enough hours in a day for me*

*Oh, I'm a teacher and a washer woman too
When all that's done there's more to do
I care for not just my family
But our 12 pets and neighbour who's elderly*

*I do it all on a low wage
And there's no stopping at retirement age
When we have children we don't realise
There's plenty of lows as well as the highs*

*Even though our families love us and we get the odd thank you
Better recognition would be nice for everything mums do
We should get a qualification for all our troubles and strife
As at the end of the day we're the real experts on life*

4.4.6 Time to do the job

The poem Tick-Tock [3.6.2] portrayed mothers' awareness of time ticking away as they rushed to get their work done. Time is a constant feature of mothers' experiences:

'That's why ye' rushin'. Ye know wha' ye've gotta do, and ye've only got so much time to do it. And it's not just tha'. It's getting' kids movin', that's what can cause that stress, ye just feel... EP

With a young baby waking her several times in the night, other young children can make getting enough sleep harder:

'...Well me oldest (3 years old) is always awake first and he comes into our room and gets into my bed, switches my telly on in me room till I get up about half six or seven o'clock, and then we go down together...'(BD)

4.5 Conceptualising and Explaining the Routine

4.5.1 Routine as being organised

Routine is understood to be a means of becoming organized and an outcome of being organized. Mothers actively try to establish routine:

TK said:

'...Me mum told me to (get a routine), yeh, especially with having the two younger ones close together. She said, "yer 'house will be chaos".....so I do her dinner (packed lunch) and her dad's dinner for work the night before. And I have all their clothes ready and just lined up ...everything is laid out waiting fer her, cos I think I'd still be at home now waiting fer her if I didn't sort it out the night before...' (TK)

A way of being organised becomes automatic when it becomes the usual way of doing things:

ME: When you are used to it you just do it – it's automatic after a bit I think

EP: Yeh, You get used to what you've got to do. You get more organised don't ye?'

Routine and Organisation

Experiences in childhood can influence mothers' to have different attitudes to organisation and routine.

OD is conscious that in being organised, she is trying to recreate an environment which she had found positive as a child:

'....Well, in the morning if I am not organized I'm stressing and they're playing up. Whereas if I have got everything organized, they are settled cos everything is goin' to plan. And I sometimes think the way they behave is because I've not got meself in a bad mood.... and I even remember from being a little kid. How unorganized me mum was to how organized me dad was. And it's still the same now. When I was with me dad I never remember no major catastrophes, no stressing ... but me

mum, like she always tried her best but I always remember feeling like 'oh no' ... Me mum panicked. When everything is always last minute and rushing, well ye feel it as well don't yeh? Everything last minute and rushing, well the kids feel it. Don't they?'

However, KB was more ambivalent about the benefits of routine for her children and she also drew upon her own experience as a child to justify her different practice.

'...Well I used to think my mum was mental because she had everything so planned, everything had to be done in a certain way, everything in place. The shopping list was done and ye know everything like that. Whereas me dad was like, not disorganized but really laid back. I mean ye could jump off the roof and he'd say, 'Oh that was a great land'. Ye know me dad was very laid back, so I've tried not to be as bad as me mum. But I write shopping lists ye know what I mean?'

On another occasion she describes the fragility of routine and stress experienced when it was broken:

'...but it only takes that one little comment to just throw me off. And I just start stressing, 'cos we have a lot of animals as well so they need their breakfast, a lot of the time before the kids, if the kids are hungry as well. And I have to say, "hold on, let me go and do the rabbits and stuff like that..." (KB)

4.5.2 Routine as a Nightmare

Routines often did not deliver the hoped for reduction of stress, and were sometimes described as a nightmare:

'...so it's a nightmare. And that's why, if I don't start it when I get home from school (the tea time routine)... everything is just... and I keep thinking, "it shouldn't be like

this, how am I going to change this?” It’s just a rush. Rush, rush all the time, ‘cos you want to get them in bed early³ and then they’re up on time for school and they’re not tired. So that’s about it, and by the time I’ve got them all in bed it’s about half eight, nine o’clock, and I come down. And there will still be some tidying up to do down stairs, some dishes to wash or whatever. And then I’m making sure the school bags are ready for the next morning and I’ve filled in the red books from their reading. And I might be able to sit down then’ (KC)

4.5.3 Disempowerment: Routine Habits

EP had developed the habit of asking her children what they wanted for tea, and though she regrets it, feels it too late to change:

‘I think that’s the best way (not asking them what they want to eat) though obviously I’ve gone the other way but it’s too late now...’⁴ (EP)

In section [3.6.4], dialogue on ‘Clock-Woman’ showed all mothers, to some extent, felt caught in routine and unable to change.

4.5.4 Summary of Findings

Practice of Feeding the Family

The participative reality of practice is an experiential field which the mothers describe and explain as being a routine. The different sorts of work in a routine are integrally related in that they are a response to the recurring cyclical needs of the children and other demands made on the mothers. They are related in time because the successful completion of any individual task in the routine is often dependent on other parts of the routine having been already completed. The work of feeding the family takes a mother out of the home into shops, schools and other places where their encounters engender emotions. Although they return home, these people may remain present to a mother in emotions and thoughts or felt

³ Rush at tea time related to a morning time goal of getting children to school on time

⁴ Reflection that Habit reduces mothers choice of actions and behaviours

through what she believes are their expectations of her. Practice is socially situated.

The Routine as an Integral Whole

Mothers described and explained that feeding the family involves all of the work required to ensure their children get fed. Although it is an extended routine of work that goes well beyond the planning, preparation and provision of food, it made sense to the mothers to see it a whole: their child is a whole and not divided up into parts that have different care needs. While health researchers can tease apart a mother's work and decide which parts relate to feeding the family, for the mothers, it is a job which is either done or not done. To get their children fed, the whole routine has to be completed.

The mothers' understanding of the entwinement of all aspects of their work is supported in their presentational work and expressed in such terms as having to juggle, and doing things in order; and felt as multiple demands on her, such as Figure 19: *'everyone wants a piece of me'* KC.

Snapshot scenarios and brief accounts of practice shared by mothers in research sessions as being typical of their day to day work, give a flavour of the lived experience of mothers. While they are all members of the local community, each mother's situation was very unique. All mothers felt they faced challenges of one sort or another in their day to day work and as a group. These could range from a frantic race around the supermarket trying to shop and keep young children occupied; a morning of chaos; coping with a child's play in the kitchen; finding a moment to go in the kitchen without upsetting a child; or the frustration of trying to have a family meal.

It was generally agreed by all participants that they felt they carried the responsibility and burden of work related to feeding the family. This emerged as a finding, because despite some having partners, other than for one mother, they did not feature in the accounts of action at breakfast time or tea time. For some participants though, having no choice meant having no one they could depend

upon in time of need. While becoming a mother is a transformative change to all women, some of the mothers described a reified 'something' inside themselves as a result of motherhood which meant that they orientated themselves to their children's needs as much, if not more than their own.

The poem Tick-Tock depicting the mothers in the act of routine was read by the group, it stimulated the group and they felt a call to action; The poem 'Just a Mum' expressed the defiance felt by some mothers at their dismissal in society. The entire group felt their work was not understood or valued; and some felt they as mothers, were not valued either.

Conceptualisation of 'a routine'

Having 'a routine' was conceptualised as a way of being organised, and of dealing with stress and making children easier to manage. In reality however, it was often experienced as a nightmare, as the mothers accounts show. Although often stressed and sometimes distressed trying to keep up with a routine, they found it difficult to stop and change; and this difficulty was exacerbated by the embedded routine expectations and behaviours of others. Their agreed presentational form depicts a woman trapped in the repeating circular trajectory of a clock. In essence, the mothers were caught in Freire's (1972) circle of certainty, that is, they could not envisage a future different from their past.

4.6 Routine Encounters with Children and Others

Although much of the work is performed in the house and seeing to their children, their job takes them out of the home into other places such as shops to purchase food, schools, children's centre, etc. where they meet a range of people in their capacity as mothers. The lived reality of doing their job as a mother was found to be one of feeling their work was not understood or valued by anyone other than their children and could leave them feeling guilty and that they had failed.

Dialogue in both the Tuesday Group (Appendix 7) and Wednesday group (Appendix 12: themes 3-8) gives examples of how they felt about themselves in relation to children and society, and the creative art work: Clock-Woman [3.6.4: Figure 15] revealed that mothers can feel caught on a trajectory that continually returned them to the place they started.

In an extract from the text of their published book, the mothers said, ‘

‘Society wants perfect mothers and children, regardless of their situation’

This part of the chapter presents the feelings of mothers and the meanings mothers make of encounter with children, schools and others in the community.

4.6.1 Participation: Encounter with Children

Among the group, in every account of practice and in the narratives developed in IRP, children were present in person or in their mothers’ thoughts and feelings as they do the work of feeding the family; and this is shown in their presentational depiction of the work they do (Figure 14). What the participants were frequently most conscious of in their practice was their children’s’ moods which they usually described as ‘happy’ but more often as ‘moody’ or ‘upset’; and their behaviours, which when difficult to manage were attributed by mothers to their child being ‘moody’ or ‘awkward’. They were very aware that children’s moods and behaviours made an impact on their own feelings and on the way they did the job. Previous accounts such as the breakfast account by EP [4.2.1] shows how she provided her daughter with toast in bed as a way of managing her ‘moody’ daughter; and she did so in order that the child would not kick-off, that she would be more likely to eat breakfast and go to school on time [Appendix 8: Theme 1]. LN’s account of shopping [4.3.5], shows how her children’s moods and behaviours influenced her experience of shopping and turned it into something of a race to get round the shop and out.

Encounters with children’s moods not only influenced what the mothers do, but were given meanings that influenced their mothers’ feelings, and their perceptions and judgements of themselves. In addition, how they themselves made meaning of

their children's moods as being a measure of their own competence was generalised to others, whom they perceived rightly or wrongly, as judging them as mothers. Children's moods could envelop them, predicting how their day would be, what work they could do, and how they and others would feel about them as mothers. An observed reciprocity between their own affectivity behaviours and those of their children led some mothers to blame themselves for causing their children's moods and awkwardness or at least for failing to manage them.

Extracts from transcriptions of research session dialogue about breakfast time; tea time; and shopping are used to illustrate the ways in which mothers were conscious of children's moods and behaviours.

4.7 The Meaning Given to Children's Moods and Behaviours

4.7.1 *A Good Mother*

Children's moods were interpreted by some mothers as signs of their own competence as a mother. As EP said:

'Well a good mother should be able to do that (avoid upset to their child) shouldn't she?'

And others confirmed what she said:

'When yer kids are happy ye know you've got it right ...' (LN)

Some mothers feel that other people look at it this way as well, and displays of children's moods or awkward behaviours leave them open to judgements of whether they are a good mother or not [4.10.2 – 4.10.6].

4.7.2 *Predictive of the Day*

Mothers in both the Tuesday group and the Wednesday group felt that children's mood on waking were predictive of how the day would be. The Wednesday group articulated this eloquently as they described to each other what a good day would be (Appendix 12). The mothers said that how they felt related to the amount of sleep they got during the night; their ability to manage their own feelings and

behaviours in relationships with children and others; and to having an organised routine.

Experiencing a baby's moods and sleeping patterns influences how FD a young mother's behaves towards her siblings and her feelings about herself:

FD explains:

'...when me and me baby have had a good night's sleep, and we both wake up happy and she gives me a big smile, but if we've had a bad night and when we wake up, if someone says the wrong thing, I stress, and I always seem to take it out on me little brother or sister and for the rest of the day I feel like shit...' (FD)

But when her baby smiles and breastfeeds, not only is she and the baby happy, but 'all is good'

Our Good Day by FD

I open my eyes
My baby smiles
I pick her up
And we have a hug
She has a drink
And then we play
We go down
And all is good
Everyone is happy
So it's a good day

4.7.3 Children's Bad Moods

When children are in a good mood, so are mothers, but as TG explained, when children are in a bad mood, it makes it much more difficult to get on with their work:

‘...If the kids wake up in a good mood, then it puts me in a good mood, and also if like I’ve ‘ad a goodnight’s sleep, because then I can wake up refreshed. Another good thing is if I can get organized, and get everything done that I need to get done before the kids. The youngest two run riot in the morning. But (if child) wakes up in a bad mood? She will not cooperate at all, and then it spoils everything...’ (TG)

*4.7.4 Reciprocally influencing Relationship between Mothers’ and Children’s Moods*⁵

Mothers and others note the reciprocity between the moods and behaviours of mothers and children. Some mothers consciously use the provisioning of treats [4.3.9] and an organised routine [4.5.1] to manage their own stress levels and to curtail its impact on children.

KB explains how she was told this by the school:

‘...Well yeh. If you have a stressful morning (it does affect the child). I had to have somebody tell me, point it out. If me and D. argue in the morning before school, he goes in and he’ll have a horrendous day. And of course it affects everyone around him. I get a phone call, ‘come in and get him he is having a bad morning’. Where like through being more structured now (following a routine) he’s going in and he’s being happy and plus I’m a lot happier as well’ (KB)

The majority of mothers had identified the reciprocity from their own experience e.g.:

‘Yeh my state of mind, cos if I’m panicking and rushing, they pick up the vibes’ (OD)

And another mother saw her children’s behaviour as a reflection of her own:

‘...And then I think their behaviour is a reflection of how you are with them isn’t it?’ (TK)

⁵ An example of mothers holding themselves accountable for their children’s moods and behaviours

4.7.5 Upset

In the Tuesday group, the mothers saw the treatment they and their children received as being the cause of their upset (see below). The Wednesday group however, were more conscious of how their **own** thoughts and behaviours upset them as shown [4.7.8 - 4.7.10] where extracts from Appendix 12 are presented.

4.7.8. Conscious of Feeling Bad about their Own Behaviour:

At the end of a long day, OD reflected on how she had been with the children:

'...Cos when you're in bed ye feel really bad. Ye think back and ye've shouted, and it was really more about how ye were feeling yourself.' (OD)

And TK also explained:

'..It upsets ye, ye know. Cos ye feel as though you've been shouting at them all morning...'

YC describes the awfulness of her mounting frustration in the morning as she is delayed owing to what she considers as her own lack of organization:

'...Well I'm awful. I do that (drums her fingers on the table) cos it drives me bonkers, I am so impatient. I could run on a train track and get run over because I just feel so annoyed, overcome with annoyance. My little girl suffers with her bowels and her bladder and we're just about sitting in the car and she'll say, "I've had an accident", and it's my fault again⁶ 'cos I've not brought the spare stuff!'

4.7.9 Feelings of Guilt

KB: Yeh. I feel sometimes as if I've failed. Do you feel like that?

TK: Yeh. Ye walk home from school sometimes, and it upsets ye, ye know? 'Cos ye feel as though you've been shouting at them all morning. But the good ones are

⁶ Self blame not recognising work overload

all right; there are some good ones, not many. It's just like you said, when the kids start and it knocks you off ...

4.7.10 Feeling of Failure

The emotional experience of failure can take on a physical reality:

'...It feels like someone is ripping yer stomach out...' (YD)

And another:

'...ye its torture isn't it...' (MN)

4.8 Encounter with Teachers at School

Tuesday group mothers directed their feelings of anger towards individual teachers who were carrying out a regime of procedures linked to monitoring, registering and ordering their children. They blamed them for frightening children and even for causing lateness and saw their behaviours as a form of punishment.

4.8.1 Willing to be punished

NT felt that if anyone had to be found at fault for lateness then punishment by the school should not be directed to children but to parents:

*'Well ye know we were sayin' last weekwhereas as K.'s school, ye get the red tickets, and we think that's bad, but we have a teacher, Mr x. and he comes out every morning and blows the whistle. And the kids of got to be there, and the kids are that **frightened** of him. If that whistle is gone, they don't go on the playground even if they are already walking down to the playground⁷. They would sooner go round, all the way round back of the infants, rather than go that way, go past him. Now I think that's wrong. That's fer ..., and a teacher shouldn't be doin' that to*

⁷ M Identifies fearfulness as the influencing context of children and mothers behaviour.

children. Ye know, if a child at 7 or 8 is late for school, it's not their fault. It's our fault. Yeh, it might be their fault 'cos they're not getting' ready, but we've got to learn to get them up earlier, or you know go along with the moods. So it isn't their fault. And they shouldn't have to feel they can't go on that playground 'cos they're gonna get picked on, because they're frightened.

So even though the tickets seem like a bad idea, they're not as bad as the kids being frightened⁸. If anyone's got to be punished it should be us⁹. And nobody seems to take any notice, 'cos we've brought it up at different places (N is a parent school governor) and people say, don't talk rubbish¹⁰. But someone should go outside the school and watch it because we've seen it.¹¹ They walk all the way around even though it makes them even later....

4.8.2 Regime

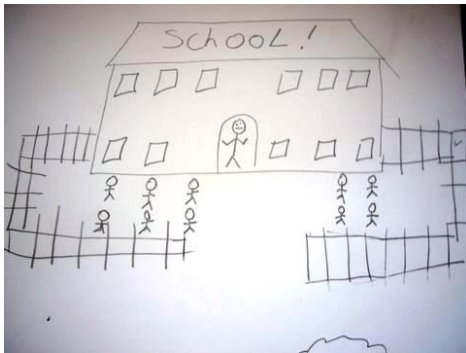


Figure 20: Military Line-up at School

KD described the routine system of lining up on the school playground as being too military:

⁸ Views the system in terms of relative badness

⁹ Feels that the monitoring system is a punishment of children but it should be directed at mothers if used at all.

¹⁰ Participating in the system but has not power to influence it.

¹¹ Implies someone with power to influence - whose testimony will carry more weight than theirs

'He has a whistle and when he blows it they have to freeze, then when he blows it again they all have to get in line. And he'll say to them, "take one step back", and they all have to step back, then, " look at the head of the person in front of ye" and they have t' do that. It's like being in the army. They all have to stand in a straight line.

But she saw the receptionist as being more sympathetic than the teachers:
'...Anyway at reception they're quite good – they know the kids are upset and they don't always make you sign the late book and they let you slip in...' (KE)

Mothers challenged their own perceptions of the teacher by checking back with their children¹² and they found that the children did not dislike the teacher and nor were they afraid of him:

'..Well some of them say that that you can have a laugh with him...' (NT)

And another mother said

'..Our A. is not afeared by him at all....' (DY)

Another mother and father could hardly believe that their child enjoyed lessons with the teacher:

'...she's not confident, and we can't understand she's saying she's enjoying it, and we're thinking is she just saying that, because he's got authority over her...' (EP)

4.8.3 Feeling Teachers are Arrogant

Despite hearing that children were not afraid of the teacher, the mothers still felt angry with him.

NT suggested that his manner and behaviour were the real problem:

'...Well it's listening to him, ye hear him shouting. And ye hear him before you see him and it's like...and his whole being, even the way he walks is like he is saying to ye "I'm somebody"...'

¹² Checking out reality from another perspective

4.8.4 Feeling Mothers are not valued

4.8.4 (A) Not Valued by Others

In the following extract of dialogue taken from a meeting in September 2008, mothers felt that in their encounter with school systems they were not valued and human feeling was extinguished in the system:

KC Well, it is like that Christina. The problem is, they, the school, don't understand what a mother actually does. They don't realise everything y've done, by the time you get there. Their rules count, more than what you've done.

LN They place no value on ye'. What ye do, isn't worth as much as what they do. It's like ye don't count.

EP Y'ed think some would be understandin', some of 'em teachers are mothers their selves. The' stop bein' mothers when they go in them school gates.

4.8.4 (b) Not Valued by Self

In a November 2008 research session we reflected on the emerging findings which showed the amount and diverse nature of the work mothers undertake in feeding the family. In the light of the photographs they had collected and the accounts mothers had given of the work their routines entailed, I challenged the incongruence between the data we had generated and previously made statements made by the mothers at the outset of the research, namely that they do not do anything. The subsequent dialogue shows the mothers had begun to recognise they do not value themselves.

CK I know one thing that I'm curious about, is why everyone says, 'Oh I don't do nothing' (everyone laughs) and yet now we look at that list, you are doing a lot of different things at tea time. I wonder why you say that.

ME It's yer routine isn't it. We always do it. We say tha' it's nothin' because it's routine, we always do it, that's wha' it is

G Yeh, and yer don't know yer doin' it, do ye?

LN *It's just yer everyday life isn't it?*

EM *Ye feel it's yer job, isn't it, as ye don't work and yer not goin' out earnin' money ... that's what we do....'*

ME *Yeh, it's like yer job as a mother, and I think mothers do it, 'cos, if we do it, we think they're getting' a proper nutritious meal, like if ye let the kids do it, or maybe yer husband, then its somethin' quick isn't it?*

LN *Someone said somethin' interestin' to me th' other day, I mentioned tha' I don't work, like I do work bu' I don't go out to work and get a wage. And somebody turned round and said to me, "ye do work, you work all day, every day"*

EP *I don' know. But ye just feel ye can't say that. I don't know why.*

CK *Do You?*

EP *As though ye don't value yerself as much, do ye? That's what it is. Why I don't know.*

4.8.5 Feeling Angry

Anticipation of future encounters with what this teacher seemed to represent, evoked strong feelings and emotions in the mothers whose children had not yet started school:

LN, mother of a pre-school child said:

'..It's that Mr X, I hate his gob me. Honest to God, he does nothing but bellow at the kids. And I said to me mum, if our M. end up in his class and he bellows at her like that, then god help him. I'll punch his lights out (knock him out)....'

CN who intended to start her pre-school child at the school where late tickets were issued said:

'...Well they can shove it where the sun doesn't shine when R. starts school because he is a' ways dawdling and messing about ...' (CN)

KC felt that some teachers' practices showed they were insensitive to their children's feelings and seeing this was upsetting

'...when she started nursery and did not settle at all, and the nursery teacher didn't say anything to her to make her feel better about being upset.¹³ She (the child) was one of the first to start, and the second week when some new children joined she was still crying, and Mrs R. said to her, " you should not be crying like this now, you've been here a week" ... Well that really upset me. I just felt like turning round and saying something, but I didn't 'cos I didn't want to cause a scene or anything like that. She was not saying anything to make her feel any better, not comforting her at all, and this went on for literally months' (KC)

4.8.6 Feeling Segregated and Targets of Gossip

One mother saw segregation as being systematically used to penalize and make her a target of gossip:

'...Well ye get penalized don't ye if yer kids are late for school. Ye have to sign the late book don't ye? Which, as ye say, separates them out from the other kids, the children who are in on time. I am just using that as an example but it is true. You are segregated so they can treat ye different ...You are segregated depending on your circumstances, if ye've got a child misbehaving, then everybody no matter what they've bin talking about, automatically starts talking about your child's behaviour and what ye should or should not be doing...'(KB)

4.9 Encounter with People in Community and Society

Tuesday group mothers were originally more vocal about being made to feel upset and angry by judgments and treatment at school. Over time, a whole range of other criteria on which they felt judged emerged. All of the participants had some

¹³ Perceived Inadequate emotional support for child

experience of aggressive behaviour either directed at them or their children or by witnessing it directed at others.

4.9.1 Violence and Harassment by Neighbours

(a) Feeling Unwanted

KB recounted her experiences of harassment by neighbours because of her children's behaviour:

'...well, they didn't want us gettin' the house in the first place. One of 'em tried gettin' a petition. And now, they're in and out skricken (shouting) at kids; callin' me names. I say to 'em, 'get a life'...'

In October, LN said that being subjected to frequent name calling, made her want to move away:

'...I wanna move away, anywhere. I don't like it 'ere. Well, they've bin shoutin' after me 'slag'....'

(b) Feeling at Risk

In December, as levels of trust in the group had developed, LN explained she and her family had been victims of far more serious harassment:

*'Another experience I 'ad, I was getting' harassed by a lad, 'cos I 'ad an argument with 'is girlfriend and 'e didn't like it. And when our L was a tiny baby, 'e tried t' throw 'im out of 'is pram. So I took 'im to court an' everythin. And 'e got sent to jail fer it. Then when 'e got out a jail, 'e was still really pissed off. And early hours of the mornin', 'e smashed all me 'ouse up. All me windows and everythin' got smashed through. And erm, the council and the social worker said I 'ad to go back into tha' 'ouse, with 'em kids. Our B. was screamin' her eyes out, she didn't wanna go through the front door, 'cos she seen it all happenlike my 'ouse could a bin burnt down next time, **they** (emphasis on they as social services) were puttin' my kids at risk'. LN*

Another participant in the Tuesday group had also had her house vandalized and was being spat upon in the street by neighbours because of crimes committed by another family member. She and her family had also been forced to move. A measure of the way in which neighbourhood violence and aggression were experienced by the mothers in the Tuesday group, is that three of the mothers left the area for reasons associated with it; but of them, two later returned.

4.10 Feelings of Being Watched and Judged

Taking their children into school and out shopping proved to be occasions when some mothers felt they were being watched and judged.

FM explained it as:

'..As soon as summat goes wrong they can't wait to criticize yer...' (FM)

And TK explained this feeling:

'....and I do feel as though everyone is watchin' yer, waiting fer ye to make a balls of somethin' so they can judge ye on it. And from them being like tiny, tiny babies up to them being maybe 13 you feel like yer being watched' (TK)¹⁴

4.10.1 Judged on their Children: Embarrassment and Hurt

KB explained to the group that comments about her daughters' weight made her feel embarrassed:

'I find as well, what ye feel when people comment on yer kids, then ye know ye feel embarrassed. Like with L she has always bin a big girl. I'm big and her dads big, and feeding her, ye know chips and that. I'm like: 'And why not?'' (KB)

¹⁴ Surveillance and judgement

TK spoke at length of how she feels under surveillance as a mother. She explains how she felt people looking at her on the playground when her toddler had a tantrum:

'...I had to come away from his sport day, once she throws a tantrum she's horrendous, and on the playground they're lookin' at ye: 'oh she can't control that baby'. And I'm thinking 'what do ye do?' and I had to come home then. And I had to walk back onto the playground that afternoon (to pick up kid from school) and I'm thinking 'everyone is lookin' at yer' and even the head teacher who was stood in playground today, and she commented. And the head teacher commented today. I thought 'God she must notice that she kicks off every day when I go in that playground'...'

KB Like it's probably society's nature to comment like that to make themselves feel better. 'Cos I know what you mean like with D. climbing and swinging off the top of lampposts and things like that. I've had that much of it now that I am quite thick skinned. Like when he was a baby throwing a wobbler, effing and blinding on the bus. One big fella made a comment, and it was a horrible commentbut do you know what I mean? It is society's comments that hurt yer and make yer feel bad.

Not a Good Mum

For some, older women in particular were seen as intolerant of children's behaviours and of being judgemental of them as mothers. FM explained:

'Cos I took me daughter shoppin' in Asda the other day, wi' me sister, and like 'er fella was there. But M. (her child) insisted on this doll. Well she's got thousands at home, and she threw herself on the floor. So me bein' me, I jumped on the floor as well. And this ol' one, was lookin' at me, 'look at 'er, she's not a good mum is she?'. So I said, 'well you try 'avin her when she wants this and she wants tha'. And let's see you do it'.

... And she (the old lady) was walkin' round, and she seen her (M) grabbin', "I want this, I want tha" and she said to me, 'I see what ye mean now, she's a little naughty one, isn't she? And everyone in Asda laughed at me. And I was thinkin', " Oh my

God, they all seen me". But I've tried askin' me sister to have her, 'cos I know what's she's like, but me sister, is like, "Oh I'll come wi' ye, it'll be easier", But then, 'er little lad kicks off so'

As the following section of dialogue reveals sometimes the distinction between felt perceptions and others comments were blurred in the mothers experience of judgements:

KB 'Ye know as well, when kids are kickin' off an' tha', people's comments are about you (the mother), and they're not nice like. It's not 'Ah look tha' little child must be dead tired or somethin'. It's, Na, "look at 'er! (The mother)"

CK Do people actually say those words?

LN: No, Nobody 'as ever said it t'me, but ye feel, like they're lookin' at ye, and ye feel wrecked. But if anyone ever turned round and said somethin' to me, well I'm not being funny, I'd just tell 'em t' shut up. At th' end of the day, it's me tha' looks after me kids, tha' as to put up wiv'em. So that's what the' do (said to affirm child is just showing childlike behaviour)

KB Well yeh, sometimes, 'cos I find tha' quite a lot like, ye know what' I mean? 'Cos D's (her son age 8) not got the cleanest of mouths and like. While 'E's effin' and blindin', and I know it's inappropriate, but I've always been taught that' when you're kids are playin' up like tha', just ignore 'em. So I just used t' walk off, and people would be like, "Ah God, She's just leavin' 'im", ye know, stickin' chips up 'is nose and ye know stuff like tha'. And I'm like, "Yeh, it's not me doin' it!" Sometimes ye can hear them thinkin' it, but a few people do say things.

4.10.2 Feeling a Failure

The following extract of dialogue shows that an ongoing awareness of negative perceptions about them by others, even when not justified can lead to a sense of failure, for which remedy is unattainable:

MN Like when they're cryin' in town when yer pushing them and they need a bottle or something and ye've not got one made up, and ye've got to go and make one?

Well they (the baby) can wait a minute, it's not gonna kill them, but ye get people lookin' at yer and making sly comments.

KB: I've even noticed people commenting about like breastfeeding mums, well their babies are hungry, so like, erm, yeh. Ye get judged on everything. And as a mum, I think ye do feel like a failure

CK: J, you and others have mentioned feeling a failure. Is this a pattern in your experience? Is it every week? I mean, if you were recording all the times you feel a failure, would it be every week? Every day ...?.

KB It might not happen every single day, but near enough and more than once a day sometimes, if you're stressed it's every minute of the day!

TK: It's not just what happens; it's inside yer I think,

YA You don't need anyone else to tell ye ye're to blame ye, ye can see it fer yerself can't ye?

CK But, what I'm hearing is that no matter how hard you are trying, even if you are starting to prepare the night before, and something can go wrong, then ye feel like a failure. Whether it's yourself or someone else. What do you think would make you feel like a success?

MN Nothing going wrong¹⁵

4.10.3 Being a Young Mother

Some mothers felt judged simply because they were young:

'Well ye get lots of people looking down and judging ye, and they're the older ones, cos I'm only young meself. Looking at ye as though to say 'you shouldn't have kids at your age and that' But it's each to their own isn't it? Ye can have kids at whatever age ye want...' (FD)

¹⁵ Judging self by an impossible achievement not by who she is

TK described how she felt walking around Town:

'Well I got that a lot 'cos I was only 17 when I had me oldest. It was horrendous walking down town, they used to look at ye as though ye were the scum of the earth. I used to hate standin' in queue outside post office because ye'd get them walkin' past just lookin' at ye as though yer leachin' like "oh another one! Probably doesn't know who the father of her baby is! On dole!"'

But she explained how hearing her child praised lifted her spirits:

'When I feel down I phone me sister and say I can't go on, but then me neighbour comments on how much of a credit me eldest daughter is to me 'cos she is polite, and it makes such a difference to ye. When someone who is not related to you says something, notices like that, ye think, 'well I can't be doin' that bad'.

4.10.4 On the Food they buy

Even in the relatively neutral zone of the supermarket, some of the mothers felt they were under scrutiny and liable to be judged:

'When ye get yer shoppin', like I take me mother-in-law shoppin' as well, and she makes so many comments about how I bring my two up. ... But I do feel that when we get to the checkout, she's checkin' up on what ye're buyin' and like 'cos I'm not working at the moment, 'cos like I'm on maternity, she's like thinking 'oh she's spending our M's money and what's she buyin'? What's in there for herself? It might not be true but that how I feel...' (OD)

Another mother said she felt that the quality of food she bought might be a reason for people judging her: *'I think ye do get judged on what ye buy a lot of the time ... it might be also about what you're worried about (yourself) 'cos when I get to the till, I think "Oh God, 'ave I got loads of crap?" and I'm like that ...' (MN)*

4.10.5 As Mothers of this Community

'...some people look down on ye just because ye come from Parr...' (MN)

And:

'...they (a professional) think no one in Parr brings their kids up proper...' (FM)

In conversation with me, mothers sometimes made use of the negative stereotypical characteristics as a way of showing how they distinguish themselves from others:

'...I showed them I haven't just been lying round the house every day doing nothing'. (DY)

4.10.6. By Social Services

Sometimes, the ultimate judgment of a mother lay in the hands of social services, as KD explained

'Well I must be a good mother, 'cos if I wasn't, like social services would 'ave took me kids off me...'

4.11 Summary: The Experience and Meaning of Participation in Routine

The data produced by mothers in dialogue about their own thoughts, feelings and emotions support their claim to feeling that their work is not understood or valued by others. It also reveals a growing awareness over time that they themselves do not feel able to recognise or value their work because they do not fully value themselves or what they do in their everyday life.

4.11.1 Mother-Child Relationships

The data [4.7.4 - 4.7.10] indicates that the mothers are conscious of the mutual reciprocal influencing relationship between themselves and their children. The mothers' perception of themselves as being a good mother is dependent on their children's moods and behaviours, for which they feel responsible. To feel perceived as a good mother by others, means having their children in a good mood and their not having tantrums. Some mothers envisage that this can be achieved by being

organised and having a routine [4.5.1], but however hard they tried, their usual practice did not bring the hoped for experience of getting everything done and feeling in control. It left them feeling stressed. The incongruence between mothers' understanding of what can be achieved in routine and their experience of it, established a vicious circle in which mothers perceived their low feelings as the cause of children's bad moods and behaviours, which in turn made them feel they were guilty and failing. In their own minds, they were causally implicated in their own stress and their children's moods and behaviours.

4.11.2 Dehumanised

For some mothers, their relationships with schools is one in which by various means, such as the red late-ticket warning given by schools; and signing into the late register, they are drawn into monitoring systems in which they are made to feel 'bad'. KC explained feeling bad is being put in low spirits because as a mother you have been seen in a bad light by others. She felt perceived to be a mother who cannot get to school in time, and is unable to meet the standards expected of her. The mothers felt that neither their work nor they as mothers are valued in the school and their feeling are not taken into consideration and do not count sufficiently to influence the systems. Teachers who are mothers themselves but fail to understand or empathise with the difficulties of other mothers, are seen to epitomise the dehumanising effect of the system [4.8.4].

4.11.3 Punished

Whatever the circumstances of being late at school, they are made to feel at fault, but some protest that the punishment of being treated differently than other children when late, is unfair to their children and should be directed at them as their mothers [4.8.1]. Some express anger at a system that appears to regiment their children [4.8.2]; and which in the person of a male teacher, they see as being

arrogant and insensitive to children and mothers. They have expressed concerns but they are dismissed, despite one participant being a parent governor [4.8.3]. Categorisation of their children in school on account of learning achievements; behaviour and time keeping can be felt as being segregated as a mother and targeted for gossip by other mothers in community.

4.11.4 Categorisation: No Safe Place from Hurt

Mothers in this community are no strangers to the different levels of neighbourhood harassment and violence that can be directed towards them. In research sessions all of the participants said they had either witnessed or directly experienced violence directed at them [4.9.1]; and in addition to violence, some have experienced falling victim to an ongoing level of gossip and negative commentary about their children's weight, behaviour, progress at school etc. and of them as mothers [4.10 - 4.10.6]. Although the personal circumstances of some participants were difficult and trying to achieve their routine was experienced as a nightmare, it was dealing with others people's comments that undermined some mothers' sense of wellbeing: "*It is society's comments that hurt yer and make yer feel bad*" (KB).

Of particular relevance in the ongoing inquiry is that this hurt was not only experienced when such comments were voiced, but also when the mothers felt themselves to be negatively perceived. For some mothers, just being looked at by others when out and about, was experienced by them, as hearing themselves talked about, judged and found failing in some way: "*And this ol' one, was lookin' at me, "look at 'er. She's not a good mum is she?"*". Some mothers recognised that they carried a feeling of failure inside themselves [4.10.2]. The remedy for stress, hurt, guilt and feelings of failure, was in one mother's eyes, for '*nothing to go wrong*' MN. It is a remedy unlikely to ever be achieved by any mother anywhere.

4.11.5 Personal Worth and Value of the Job

The two groups: The Wednesday group and the Tuesday group were distinguishable in their willingness to acknowledge and engage in dialogue about their feelings towards themselves. The Wednesday group spontaneously did this,

and were later to report back that attending the group was therapeutic. The Tuesday group however, were more focused on the actions of others and their feelings of anger towards them. They were totally opposed to making feelings and emotions a focus of research interest [3.8.1]. As the inquiry progressed however, the group began to reflect on their own feelings towards the job, and theorised that they failed to recognise or value their work because it was routine; a part of their everyday life; and because in doing the job of a mother, “you don’t value yourself as much”. In other words, not only did they feel they and their work was not understood or valued by others, but they struggled to value it themselves. It was this realisation that pushed me to prioritise and adopt a transformative educational perspective in my facilitator role.

CHAPTER 5

THE TRANSFORMATIVE INQUIRY PROCESS

Introduction to the Narrative of Phase 2:

In this chapter, I describe the changes through which the inquiry passed from the informative inquiry it had been to date, in which the participants had worked with me to produce a descriptive and explanatory report of their day to day practice of feeding their families, to become a transformative learning experience. My experience of the inquiry had made me more aware of the need to break down the barriers to authentic collaboration between me and the participants and between them, in order to make the inquiry more enjoyable and worthwhile for us all. I present the research process as one of democratic and emotional empowerment which is a requirement of the facilitator role [2.3].

The change process began with an ethical dilemma [5.1] and with paying heed [2.2.5] to how the assumptive lens (Mezirow, 1991) of my profession and scientific orientation towards reified conceptual knowledge, influenced how I knew the women. My view of the women as being typical representatives of 'types of mothers' and of the 'local community', distinguishable from me because of differences in roles, professional knowledge and experience, had eclipsed my awareness and ability to give meaning to the feelings and emotions that connected us when we met. I had focused upon them as a category of mothers and myself as a manager and researcher, rather than seeing us all as persons coming together in personal encounter. My divisive way of thinking and potentially also my behaviours, had to some extent created my own felt experience of feeling alienated from and by some of the mothers; but my conceptual understanding of our discrete differences, had also been strengthened by the disengaged behaviours of some of the mothers. I wanted all of us in the group, to have a different and better experience of each other; and having heard in the mothers' accounts and dialogue how alienated some of the mothers felt [Chapter 4], I felt morally obliged to prioritise empowering members to have a new and better experience of

participation together, rather than to continue generating information about the current status quo of their social relationships. This changed the status of the research and the nature of data, from an information gathering approach to the creation of new knowledge through new lived experience together. I began by sharing with participants my awareness of the relationship between my behaviour, experience and feelings and my felt need to be seen and experienced differently by them. I went on to divest myself of authority in the research setting and to establish a more mature leadership by creating transformative learning opportunities [5.3 - 4.1] and to provide experiential learning opportunities [5.4.2] and [5.6.1]. The Findings from this phase of the Inquiry are presented in Chapter 6.

Recognition and Understanding of Choices

Recognition and understanding of what choices are available and their potential implications are quality standards for the inquiry process (Reason, 2006). So I begin this section by showing my own awareness of choices that I made in November 2008 following the tea-time inquiry.

5.1 The Emerging Findings and Dealing with an Ethical Dilemma

I had listened with the trained ear of a health researcher to accounts portraying the routine exposure of children to factors in the environment that I knew to be associated with child obesity [7.1 -7.10]. The **data** that had emerged in the first phase of the inquiry which is presented in the Chapter 5, showed however, that for the mothers, foremost in **their** consciousness in practice was the sense that they were doing a job as well as they could, that the burden of work and emotions associated with it made them feel they could not stop and choose to change; and they felt devalued. Strong negative emotional experiences associated with routine, [4.5.2 - 4.5.3] children's moods [4.7- 4.7.10] and social interactions [4.9 – 4.10.6] were common experiences and recurred as a theme in different areas of practice: breakfast time, tea time and shopping. Mothers recognised their emotions but they

had made it clear they did not want to focus directly upon the reasons for them in the inquiry [3.8.1]

I felt a dilemma about how to move the research forward and on what emerging findings should the next big cycle be based. From the perspective of a co-operative inquiry, the participants should be free to progress the inquiry in ways that made sense to them. I questioned if by listening and leaving the direction of travel solely to participants, whether I would be acting ethically in any of the roles I now carried in the centre: as registered health professional; centre manager in a position of responsibility to the NHS to make best use of resources in ways that contribute to meeting health and social targets; and in my research self-attributed role of learning from others to inform health strategy. I resolved the conflict by reasoning as follows: I had personal knowledge that those mothers, for whom I perceived change and support as most necessary, were already intimately involved with health and social support services. I concluded that I should trust other highly trained professionals to do **their** job; but that my **own** research practice should change and improve, and I began the changes outlined in the introduction of this chapter.

5.1.1 Applying Validation Perspectives to Practice: Distress Driven

Applying validation standards [1.6.3] and validation perspectives for practice [2.2.1] to the accounts and experience of routine [Chapter 4] in which mothers unsuccessfully tried not to feel overwhelmed by their workload and stress; and their children's moods and awkward behaviours. It is immediately apparent that as a way of being, living in a routine is not a valued way of life for the mothers. Not only did routine not achieve the hoped for stress reduction and ease in managing children, it was described by some as chaos and a nightmare. It was not guided by a vision of a human flourishing in which a person creatively expresses themselves, but is more of what Heron (1996) describes as being distress driven practice: actions taken to try to avoid distress. He describes such action as 'maladaptive conduct that stirs up high levels of negative emotional arousal that blot out the possibility of acting with greater conscious awareness and intentionality'. I felt it

would be morally wrong to continue enabling mothers to express and become more conscious of how difficult they found their job to be, without committing myself to make a change. Up to this point, my facilitation had focused on enabling mothers to become more conscious of the reality of their practice, but from this point onwards, my aim was to engage with them to change their experience of practice, that is, to engage in a Transformative Inquiry.

5.2 The Worthwhile Purpose of Research: Participation as a means of Empowerment

I made a conscious decision to prioritise what Heron (1996:24) describes as ‘the worthwhile purpose of research’, that is, when the Inquiry changes from being a means to represent reality i.e. reifies it in some form such as a report, to become a means of using reality to achieve something better. Rather than generate knowledge of family feeding per se, I intended to make use of mothers’ feeding the family practice and our inquiry into it, as a means of empowerment that might transform reality: participation and experience of the world and an understanding of how it works and one’s place in it (Freire, 1972, Boyd and Myers, 1988, Daloz, 1986, Mezirow, 1991, Heron, 1996, Murphy, 1999). As can be seen, there is a consensus among theorists about what transformative learning can achieve, albeit the process is understood differently by each [1.7.2-1.7.3]. In the thesis I have drawn upon these theories to provide a theoretical framework within which to explain actions I took that I intuitively felt would enable the mothers’ self-empowerment and self-actualisation, that is, to fulfil their potential as persons and as mothers.

I felt that the utmost sensitivity would be required to challenge what they had agreed upon as being the meanings of their negative emotional experiences. Challenge to uncritical subjectivity and inter-subjectivity that arises from normative assumptions based upon individual experience and community or cultural formation, is an essential part of an inquiry that requires skills of consciousness, reflection and dialogue [2.2.8]. I sensed however, that should I undertake to

verbally challenge what participants saw as being true, it would be perceived as a criticism by them. As actions are commonly believed to speak louder than words, I wanted their changed experience of me as a more respectful and valuing person, to tacitly challenge what I saw as some mothers' categorical stereotyping (Bargh, 1994) of all figures associated with authority as being the same: insensitive to them as persons with feelings.

5.3 Steps of Empowerment

The end of the Informative Inquiry (September–November 2008) presented itself as an opportunity for me to pause the inquiry and reflect on how it had met the research objective, and to plan how it might be further developed. Although some mothers said how much they had enjoyed the inquiry, unexpected feedback from one of the mothers enabled me to see my research practice through her eyes. I had suggested to participants that I wanted to suspend the research meetings for a few weeks, it was reported back to me that a mother had said “... *She's got what she wants from us now and she's just throwing us over...*”.

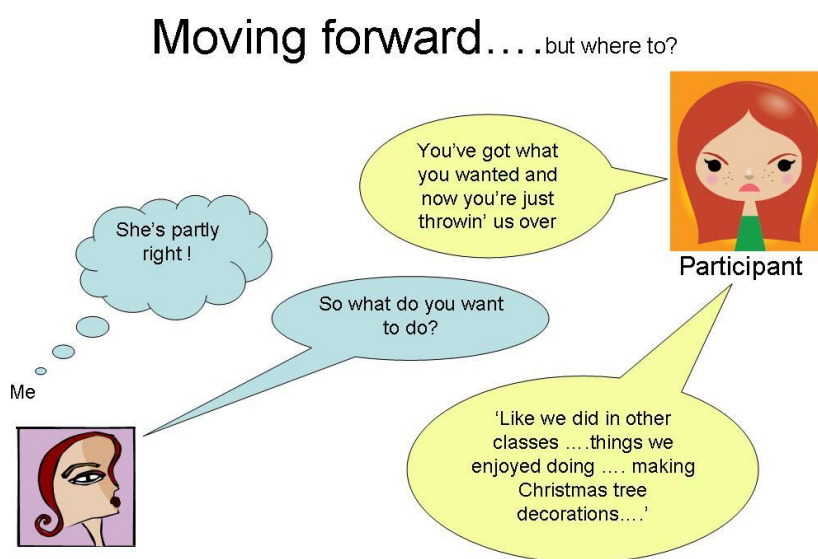


Figure 21: Stark Choices and Change

Seeing myself through the eyes of this mother, as a person who made use of another, was rather hurtful but also empowering. It enabled me to recognise that

changing my own participatory practice in the inquiry could be the foundation of new experiential learning for me and the participants. It required me to have confidence in my own human potential for empathy and learning and to more consciously engage in knowledge creation as a process of empowering my participation with the mothers.

5.3.1 Knowledge as Potential

The process, which I describe as the Living Method of Participation is discussed in theoretical terms as using the Power of Personhood [2.7]. The steps and stages of change are outlined and discussed in the methods section [2.7- 2.7.1]. In summary, my reflections on my experience of the inquiry led me to see that my orientation was too scientific, that is, I still viewed myself, the mothers and our respective practices as fixed entities. I made a decision to personally adopt the alternative world view of a participative reality, in which a person is always a potential in the process of self-actualisation, that is coming into being as : ‘an achievement of both education and self-development’ (Heron, 1992 p.12). Growth and transformation in being, is a foundational goal of Co-operative Inquiry (Heron 1996) and areas for growth of being, include self-esteem and self-actualisation (Rowan and Reason, 1981:119). From this perspective, the person is a ‘potential self’ as opposed to a fixed idea I might have of them; and skill deficits and competencies are not opposite but stages of self-actualisation. Equally, my role as a facilitator could change from the unintended managerial approach I had projected, to one of mature leadership. As explained by Sievers (1994), immature leadership models deify a leader by establishing them as a single source of authoritative knowledge and power in a group. Mature leadership recognises that all involved have the same qualities of leadership, albeit potentially at different levels of development or pertaining to their own specific field. It gives recognition to Bateson’s (1972) ecology of minds, as it recognises a group as a network of mutually influencing people, each of whose knowledge is recognised and valued.

5.4 Political Empowerment: Leadership in Practice

5.4.1 Beginning with the Process of Self-Identity

Before the formal start of research session 10, I had a heart to heart with participants and explained that I had obviously made mistakes during the inquiry that made some of them feel that they were being used for my research; and that I had been too forceful in saying what I wanted; and now I felt upset that I had acted in that way. I highlighted that I would prefer to be seen by them as a likeable and good person, not someone who had used them; and that I would like them to be able to look back on the inquiry and remember me as someone who had cared and had helped them to do something worthwhile. To this end, I felt that the research resources should be used to support learning about something they thought was worthwhile; and that I would be content if they shared their learning with me, and that would become my thesis. I could see by their surprised faces they had immediately begun to see me in a somewhat different light. After a few moments of silence, DY, the mother who had felt used, said to me in an emotional voice: *'would you really do that for us Christina?'*

This meeting changed the inter-personal relationship dynamics in the inquiry as the perceived conflict of interest had been removed; and the ground laid for how we might come to know each other differently.

5.4.2 Research Session 10: Psycho-Drama

I presented the amended report (Appendix 15). This was important for two reasons. It was an opportunity for me to acknowledge them as co-authors of the report and it served to draw a line under the Informative Inquiry so that we could change direction. The mothers were pleased with the changes. I explained that it would form a part of my thesis which is to make good a gap in the body of knowledge about family feeding by bringing their knowledge to it and reflecting on its significance for health theory. The mothers were keen to move on to the next phase.

In the Wednesday group, participants had expressed their consciousness of the skills they used in practice and we had begun to record them [Appendix 12: Theme 13]. I had compiled a table showing the similarity of the skills set of family feeding practice and those generally proposed as leadership skills in Children's Centre Management. I shared these findings from the Wednesday group with the Tuesday group showing that they and I currently used the same skill set of leadership which included managing relationships with people; financial systems; making changes manageable etc.; and I introduced them to the more modern approach to management and leadership. An approach in which leadership is owned by the whole group involved in an event, so the group becomes a network in which each person actively influences decisions about what the group should do.



Psycho Drama: The Journey

Figure 22: Psycho Drama -The Journey

I asked them to participate in a drama with me (see Figure 22). Setting out our chairs in facing pairs as in a train, I invited them to join me on our new research journey. As I had expected, they took passenger seats and I sat in the only

remaining place – that of the driver. After the bustle of moving and settling died down, a silent anticipation grew as they waited for me to make the next move. I continued to wait and they continued to wait. Every now and then, I got up and mimed being a passenger peering along the platform and looking at my watch. Finally, one of the mothers burst out in laughter, and when it died down I asked them if anyone knew where the driver was and where the train might be going. I must have made myself look sufficiently ridiculous because the whole group and I became quite giddy laughing. As we discussed the drama, the mothers explained that they had presumed I would drive the train as I was the manager. A non-threatening fun experience of participation in a leadership opportunity, and reflection on what had happened, revealed their false assumption that it was my place to lead.

I took the opportunity to further distinguish leadership and management by asking each person to imagine the train had been real, and to say the place they would most have liked it to take them. Each person had their own favourite idea of where they would have gone for a day out. I suggested that as a group of leaders moving the research forward, just as much as if we were travelling on the train, our first action should be to make known where we wanted to go, listen to where others wanted to go, and negotiate and decide together on a common agreeable destination. I asked them to actively participate in influencing the next phase of the inquiry by suggesting areas of practice and experience that they think would be important to explore and to agree on something of interest.¹⁶

5.5 Changing the Focus: ‘looking at something that’d ye’d feel good about, proud of’

Much to my surprise, the woman who had voiced the criticism of me, said:

‘Looking at things ye have to do all the time makes ye feel bad. What about lookin’ at somethin’ that’d make ye feel good. That ye’d feel good about, proud of ...’

¹⁶ Unitive Action

I asked the group, if anyone would be able to lead this part of the process by suggesting in what way we could look at something that would make a mother feel good. KC responded immediately with the name of another participant who made bread. In this un-dramatic way, the mothers began to influence the direction and focus of the inquiry.

5.5.1 New Focus on Practice and Positive Feelings

When I reflected upon it afterwards, I realised that although Tuesday Group Participants had refused my suggestion to explore their negative feelings and emotions [3.8.1] they had in fact, turned the suggestion around. My ingrained medical approach of looking to see and diagnose what was wrong in order to put it right; had been overturned by their simple alternative suggestion: Look and learn about a practice of which they felt proud i.e. that is known to have generated positive feelings of pride.

My commitment to helping mothers research something they thought worthwhile as a means of empowering their participation was an ethical decision; and it was bearing fruit in their improved participation. Their decision to participate through an exploration of the practice and experience of bread making appeared from my perspective however, to be unlikely to generate knowledge that would have any significance for health theory (see question 1.10.30) or hold potential to generate the new knowledge necessary for a PhD. I overcame my reluctance because I prioritised the mothers' development of good quality experiences of participation, and as will be elucidated in chapters 6 and 7, my reservations were proved wrong. The dialogue in the Tuesday group who co-created narrative about bread making using IRP (Appendix 13), and dialogue of participants' feedback about their experience of bread making (Appendix 14), some of which is presented in Chapter 6 [6.0-6.3.4], shows that mothers' learning was highly relevant to health theory. It enabled the emergence of new and enriched meanings for feeding the family, and a more positive self-identity for mothers. The data is summarised below [5.5.2] and the learning process and outcomes elaborated upon in Chapter 6.

5.5.2 New and Enriched Meanings of Family Feeding

The mothers compiled the following collective list of meanings they felt could be attributed to bread making and other work in which they engaged their children and of which they felt proud:

- Bonding with children
- Creating Family time
- Giving children good memories for the future
- Mothers being valued by children
- Putting something of 'self' into the food
- Giving children the best because mothers know what was in it
- Giving mothers a sense of pride
- Protecting children from chemicals
- Linking with and bringing back 'past' values of respect for mothers
- Breaking free from family patterns developed because of illnesses etc.
- Saving and reviving old community skills and values
- Giving children skills and independence to keep them from harm in the future.

5.5.3 My Radical Perception of Participation

As I looked through the lens of a camera during the practical bread making session, a new understanding of empowering participation took shape in my mind. I saw it as a mutual living reciprocal relationship achieved in the action and experience of giving and receiving something of worth. As shown in Figure 23, M was trying to tip onto a small table, a loaf of bread that was stubbornly stuck inside the bread tin. As she attempted to dislodge it, by sudden forceful tipping movements, another participant gathered close to save the bread from jettisoning out of the tin and across the table onto the floor. I wrote about my experience in my diary:

‘...both were fully focused on the task of safely delivering the bread. As the pan was tipped this way and then that, they moved in an unconscious perfect synchrony to keep the bread safe. When at last the bread seemed almost ready to slip from the tin, the outreached arms weaved themselves almost seamlessly into a space into which the bread could land safely. Although separate individuals, they were connected in a single seamless act of receiving and giving.... At that moment, I felt a weight lifted from my shoulders.



Figure 23: Safe Delivery of the Bread

My mind travelled inwardly to a memory of being a young student nurse in the labour room. I clearly recalled the midwives' strong competent hands reaching out to deliver the baby. It was relief I had felt then as well. Relief that the ordeal was over, and gratitude, that in the capable hands of the midwife, the child had been safely born. As I looked back to the bread making, I saw the outreached hands

*seemed like the strong hands of practitioners, but then immediately thought how at odds this is with how I know them to be ...'*¹⁷

Reflecting on the diary reflections above in December 2012, I noted my new awareness of myself, as a living extended episteme: a person coming into being through use of the four ways of knowing the world in an extended epistemology (Heron, 1996); as a person fulfilling her full potential to know the world anew.¹⁸

The heightened awareness of images taking shape in the mind as an act of perception is an indication of paying extraordinary heed: a participatory inquiry skill [2.2.3] which Heron (1996)¹⁹ suggests is a way in which reality is transformed. Although looking at the participants making bread, in my mind, I saw them physically demonstrate the enactment of authentic participation: making a safe place for a new reality to be born.

5.5.4 A Participants Radical Perception of Participation

(EP) noted that as the bread was being taken from the oven, we individually went towards it exclaiming in pleasure about how good it looked. Referring to the bread, EP said: *'It's like a new born isn't it...'* and when she explained how mothers gather round a new baby, the rest of us agreed that she had glimpsed the similarity in our behaviours in the two situations.

EP wondered about the behaviour: *'It's strange isn't, ye just wanna go over and 'ave a look at a baby, I don't know why?'*

LN's reflection expressed an understanding of the inherent worth of a new baby:

¹⁷ Heron (1996a) Stage 3 Reality Creating (see [2.7]). My conceptual proposition of the women as leaders was now nourished by an image of leadership as a mutual reciprocal act of giving and receiving. In addition to seeing the image, I felt the new meaning I was attributing to it in the act of perceiving it: Mothers as capable practitioners together bringing something of real worth into being.

¹⁸ An experience of self-actualisation in which a person becomes their more authentic self : Rowan (1981)

¹⁹ Heron (1996) describes this as 'high quality awareness' (pg 117).

‘...ye can’t not like seeing a new baby ... no matter who ye’ are or who its mother is ...’ (LN)

CN identified her feeling of being connected through the baby back to her own experience:

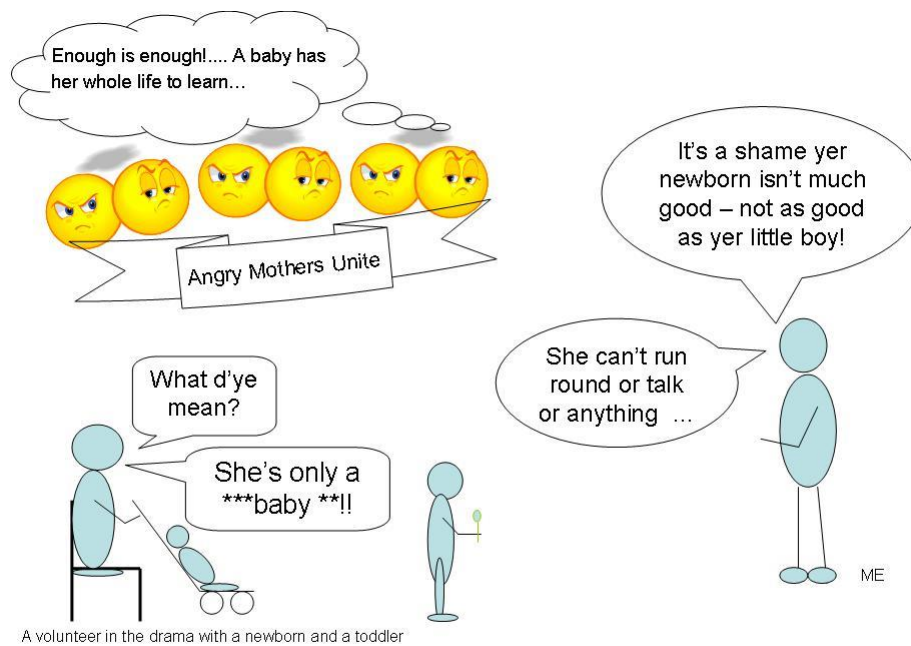
‘....it just brings ye back sometimes, ye just remember yer own baby and what it was like ... ye look at their baby but in a way ye’re like remembering yer own as well ...’(CN)

The mothers agreed to undertake an action phase at home and to involve their children in making bread; and to feed back to the group what they had learned. Feedback from the group is reported (Appendix 14) which showed that for some mothers their experience was immensely empowering, and gave them a new sense of confidence in their own worth and of the value of their skills. Learned confidence and sense of worth could be understood theoretically by all the mothers in the research session. Some of the mothers, for a variety of reasons, despite being provided with the ingredients had not tried the activity and therefore did not know it from experience. I intuited that for some of these mothers, they had not tried it out, because they had very little experience of positive participation with their children or anyone else upon which to found a belief that they could empower positive participation. I recalled my image of the safe delivery of the bread (Figure 23), and recognised that participants themselves, given the different range of practical and social skills they possessed, might be able to provide the safe space in which each individual could be empowered to create and experience a more positive participation.

5.6 Emotional Empowerment

Bringing my professional health knowledge to bear on the findings of the Informative Inquiry, I recognised that how mothers felt treated and seen by others was the sort of experience in which a positive self-identity and self-esteem could not flourish; and would therefore put mental health at risk [7.2-7.24]. I recognised the mothers’ human need for self-esteem and for greater self-confidence in their

own potential for growth and development as a means that could liberate them from being at the mercy of how they felt seen by others. Self-actualisation is a human need and motivation (Maslow, 1970, Heron, 1996), the principles of which are embedded in health promotion (WHO, 1978), transformative education theory (Freire, 1972, Dirkx, 1998), and conceptualisation of action on health inequalities (WHO, 2010).



Psycho-drama: Recognising and defending potential

Figure 24 Looking at Potential

The potential and right to self-actualisation as a normal part of life; and recognition that growth and development can be constrained by life circumstances such as being categorised by others, is a complex, conceptual, value based belief. I felt that to present it as a theory to mothers would not necessarily allow it to be as deeply felt and understood as their witnessing or experiencing of it would allow. For this reason I asked some mothers to participate in a drama to experience and

understand the injustice of reification. To be fixed forever as the person you are now, in the mind of someone who refuses to recognise your potential to learn and change, is a harmful experience of injustice.

5.6.1 Psycho-Drama: Participating in the Injustice of Reification

As shown in Figure 24, I played the role of an annoying idiot who insisted that a new born baby could never be as good as her older brother because comparing one with another, the baby was already so far behind. The mother, who had volunteered, answered and explained sensibly that the little one was only a baby while the toddler was two years old. Although everyone knew it was a drama, as I persisted in pointing out everything that the baby could not do in comparison to the toddler, the mothers who had been initially half amused and half exasperated by me became decidedly uneasy, and then visibly displeased that I should express such a perspective about a baby. When we debriefed we looked at this sense of uneasiness and displeasure. While mothers said that my behaviour 'was not nice to the baby and not very nice to the mother either', and 'made everybody feel bad listening to me', and that 'ye shouldn't look at a baby like that', I argued however, that what I had done in my behaviour was to act and speak as though the baby had no potential to grow and develop. I had fixed him in his present relationship to his sister and not allowed for learning and change to happen. I expressed my belief that to act towards a baby or anyone else, in ways that denied them the right to be seen as able to learn and change, is an act of injustice; and to look upon oneself as being unable to grow and change was being unfair to oneself. .

I asked mothers, to reflect privately during the week on their own past experience that they felt had made it difficult to develop as a mother feeding a family, and not to share personal details with others, but to think about what suggestions they wanted to make for learning so as to move the inquiry forward.

5.6.2 Line Drawing of constant Change

LN created a line drawing: Figure 25. It showed the constant changes in her situation during her motherhood which had influenced her.

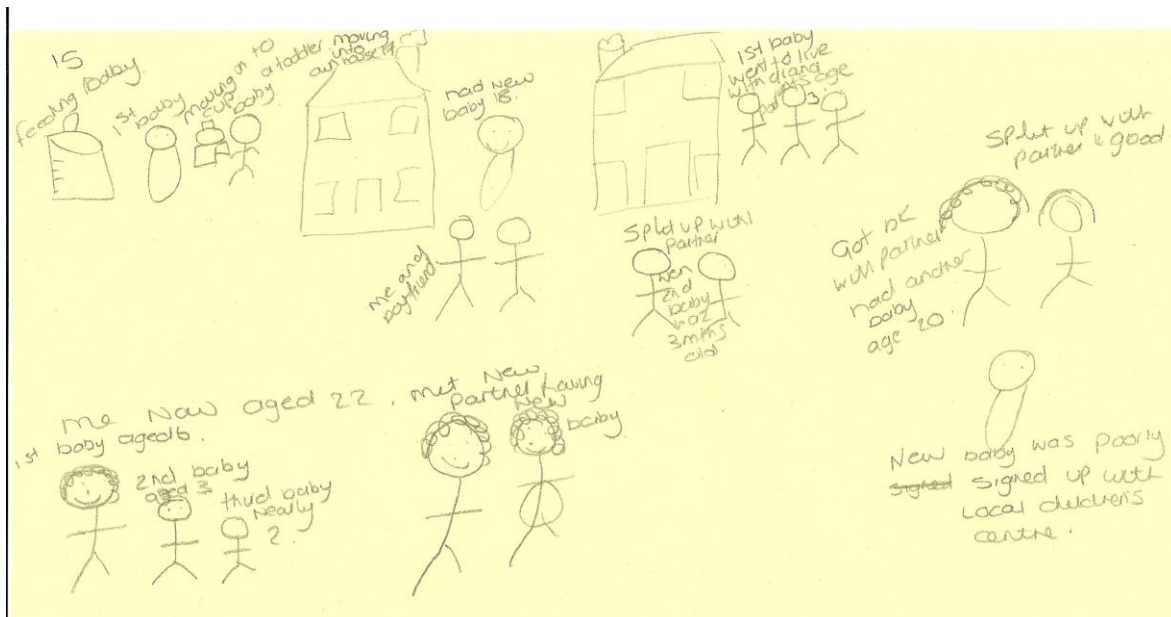


Figure 25 Learning Journey

The statements written on her line drawing read as follows: 15 years old, feeding baby (picture of a bottle) and moving her onto a cup; Age 18 moved to own house had new baby (me and new boyfriend). Split up with boyfriend when baby was 3 months, first baby went to live with grandparents; 20 years old, got back with partner and had new baby, then split up for good, new baby poorly so signed up with children's centre; Now age 22 years met new partner and expecting baby.

Over the course of the inquiry, judgmental attitudes among those participants of the Tuesday group who had previously experienced hurtful exchanges and kept very wary distances from each other, began to soften as will be shown below.

5.6.3 The Development of Empathy in the Group

In November 2011, LN recounted her story of shopping [4.3.5] and in the group dialogue that followed, for the first time, like a little green shoot in spring, the mothers in the group began to express empathic understanding of each other's difficulties:

DY: *I've bin there 'n done it, don't do it anymore! Well I used to when I was goin' on the bus 'n stuff. I'd get on the bus, after this group now, and I'd leave the pram 'ere Get to Morrisons, carry 'im, or 'ed walk. 'Cos I couldn't deal with pram 'n trolley*

... I couldn't deal wi' tha'. But now I don't take 'im. So my nightmare days are over with shoppin'.

LN Yeh, but in my case, I'm on me own. I 'ave to try and manage 'em

KC I've never been there. I've never 'ad to do tha'. And I don't know how L manages, because it's bad enough when you've got a car in the car park, and your children with ye

CN Yeh, I've bin there. Like ye say, with R.an' it can still be a nightmare now, like last week...

5.7 The Next Action Phase January 2009

In late November, the mothers said they wanted to begin a collective learning activity in the children's centre as they had enjoyed the bread making so much. My stipulation was that each participant had to put into the activity one thing she valued and identify one thing of real worth she wanted to gain; and that they should aim towards running it without need for me or other centre staff to be present.

5.7.1 Participants Development Roles and Establishing the Project of Worth

DY, speaking on their behalf, said all had agreed to establish a unique sort of tea club which they wanted to model on the bread making. Each person would say one meal they have always wanted to know how to cook; and each person would bring in a recipe they valued, say why they valued it, and engage everyone in making it together. Then they and their families would sit down together to eat a family meal. As the project developed, some mothers took on areas of responsibility appropriate to their individual capacities in order to engage in leadership development; and to enable the running of the tea club as a learning and social occasion.

1. Communication and Social Secretarial Lead MD. Some members still meets socially (2014).
2. Shopping Lead KC. Managing the petty cash and helping others with buying and transporting ingredients as required.
1. Rota Lead DY. Managing the coordination of everyone's input: establishing who would teach and what meal would be cooked in each session, making sure all got their turn to teach and learn something they valued. DY went on to employment in community development using the experience she had gained in the project as evidence for her NVQ2 in community development; and is now on an Access course with the aim of becoming a Midwife.
2. Community Skills Dissemination Lead KB. Research and distribution of information about chemicals in food; establishing One to One Tuition and Group Tuition in bread making for members of the community. In a voluntary capacity KB went onto to establish a café in the children's centre and took on KM as a volunteer apprentice.
3. Publishing and Dissemination Lead: EN. Setting stories and photographs in Microsoft Publisher for their book.
4. Research Development Lead YC. YC helped me to organise an international participatory arts conference in the centre in which art work created in this research was presented to a panel of parents, professionals and artists. YC also extended the process of participatory learning to other parents in the centre, and presented her findings to the panel. A CD showing extracts of the conference and ongoing participatory learning about the art of motherhood has been made.
5. Health and Safety LC. Taught mothers kitchen risk assessment skills and provided occasional monitoring. She participated in KB's bread making lessons and involved her daughter in bread making. She wrote her story for the published book

6. Apprentice Lead LN. Identifying and communicating own and others learning needs: undertook a volunteer apprentice role under KB; has recently completed her NVQ2 in Catering at St Helens College (2014) and gained employment. She is starting a business administration course and ultimately hopes to establish a small business.
7. Art Leads EO and FM. Leading the development of Presentational forms of Knowing: Ensured fair representation of participants photographs in the book; Undertook creative art work for the mothers published story-recipe book account; and for the International Art Conference in the Children's Centre.
8. Ecology Lead MN. Connecting to the natural world in practice. LM went onto establish a home farm growing vegetables and keeping hens, she has successfully promoted home farming to other families in her community.
9. Public Speaking Lead TK. successfully presented the funding bid for publication of the mothers' story-recipe book to the Lord Mayor and a hall of local people.

5.7.2 My Role in the Tea Club: Structural Reform

To facilitate the tea club as a project that could be led by the mothers and to establish their independence of centre staff, required me to make considerable practical changes to management systems in place in the Children's Centre. It involved enabling the mothers to have autonomous access to the Centre's resources without always needing the intermediary of staff. The changes were in part envisaged prior to the start of the group; and also as mothers learned what they needed in practice situ. My own risk assessment of the project identified food hygiene as a potential health and safety hazard: risk for those who might eat food that has not been handled or cooked properly. When explained to the mothers, they agreed to undertake Level 2 Basic Food Hygiene training and received the level 2 accreditation. The mothers also received training in the finance system of

the centre, learning how to make use of the petty cash systems. They were trained how to complete and submit applications for childcare so that they could access necessary child care for their participation. They were trained to make use of the room booking systems so that the kitchen and other rooms would be kept for their use. While each of these are quite small things in themselves, they constituted a changed relationship between this group of mothers and the Children's Centre; and indeed with the Children's Centre staff who till that point had been the gate keepers of resources. The staff members were supportive of the idea of greater involvements of parents and the welcome they extended to the parents enabled their later assimilation into other volunteer roles in the centre at the end of the project. .

In addition, to making use of the centre resources and commissioning Basic Food Hygiene training, it required me in my facilitator role to further enable the group by facilitating their access to a wider network of resources. Establishing a partnership project with St Helens College provided them with access to the services of a Chef, who together with the mothers designed a 6 week curriculum in which they could extend their knowledge beyond what the group members already knew. Later, DY who moved into employment, established a relationship between the group and ReNew Parr to obtain funding for the mothers' publication. Relationships such as these that cross organisational and formal hierarchical divisions are described as bridging forms of social capital (Szreter and Woolcock, 2004). They act as channels for the natural flow of power related assets such as social support, material resources, access to larger networks and other 'capability' resources (Labonte and Laverack, 2001).

5.8 Local Knowledge

The Tea Café project was almost derailed because, despite having been designed by the mothers and with great enthusiasm, none of them wanted to take the first turn to bring in and teach others a recipe. A young East European mother who used the centre had expressed interest in the project and volunteered to be the first teacher. She went to a lot of trouble to get fresh ingredients to teach the others

how to make what they said was their children's favourite food: chicken nuggets. As the session progressed, I noticed she was becoming unnerved by the non-bonding behaviours of the other women that demonstrated a complete lack of empathy towards her. I recognised that their behaviour towards her was how they had previously behaved towards me. During the afternoon she came to me distressed and said that no one in the group had made eye contact with her, no one had smiled at her, or made any spontaneous comments about what she was trying to teach. She said they looked bored and uninterested. She wanted me to ask them to say what it was she had done wrong, or to tell her their problem. With her permission, we found a quiet moment to dialogue all together about her experience as teacher that afternoon.

I explained her distress to the group. Although to me, their behaviours had seemed intended to be hurtful and to subdue and ostracise the young woman, once the other mothers realised her hurt, it was as though they saw it for the first time. It evoked an immediate emotional empathic response from them. They reassured her that offence was not intended. When I asked if there was a reason for the behaviour, the group was at a loss to explain it and they were hardly able to look up from staring at the ground. I gave my interpretation of the experience as being one of misunderstanding between people of different cultures and saw the relief in everyone's eyes at this acceptable explanation.

I thought back to a comment made by a mother a few weeks previously and pondered on its relevance. She had said: *'...we're all brought up to be the same, every one's the same here, nobody's different, and if anybody thinks they are (different) well they'll soon know they're not!...' (CN)*

DY however, recognised it as a pattern of behaviour in their community: *'this is just what we always do when we are being taught'.*

FM agreed, saying she always looked down rather than at the teacher *'...it just showed respect for teachers ...'*

The obvious incongruence between the presumed meaning (the theory) of respect and the young mother's experiential knowledge of their behaviour was obvious to all. It was a 'felt' rather than an explicitly stated recognition of an enactment of injurious behaviour: a victim-perpetrator situation. The Participants spontaneously suggested changing from their normative behaviour, explaining that as this woman was not from Parr, it was only fair to act in a way that was not upsetting to her.

5.8.1 Nurturing Infrastructure: Collective Leadership

Seeing the 'Teacher' as a person with feelings that could be hurt, required the 'Learners' to also become leaders. Their leadership role included taking responsibility for trying to learn the new skill they were being taught and also for being sensitive to the teacher's vulnerability and acting in a way that would protect her feelings. It required the 'learners' to more explicitly show themselves as being interested and responsive to the teacher and what she was trying to do. The group's social interactions were infused with an ethical awareness which changed the experience of participation for all those involved. The role of 'teacher' in the session evolved to become that of planning what to have for the meal, identifying what needed to be done and getting the whole group involved in preparing it so that the mothers and their children, who came straight to the centre from school, could sit down together and eat it. The Tea Club had become an enterprise by which these families could create and experience themselves as a community.

The new model of connectedness among the group members, was born from their desire for; and enactment of: fairness. They collectively led the Tea Club so that each contributed according to the level of their knowledge and skills; and received from others the support they needed to be able to have their turn to teach as well as to learn. LN for instance acknowledged she had no cooking skills and felt she could not take her turn in leading the learning. KC suggested that she could help L to plan what meal she wanted to show the group and support her to lead the session. At the end of her teaching session on how to make an omelette, LN was genuinely pleased about the resounding success the others had said it had been.

She explained that she now saw her role as that of an apprentice, learning the job while doing it. When I asked her if she meant apprentice cook or apprentice teacher, she thought for a moment and said, '*both, but really an apprentice learner*' (LN). Her education had been cut short by early motherhood but participation in the group had re-awakened her ambition and confidence to learn.

Their learning and development are presented in Chapter 6.

CHAPTER 6

LEARNING IN THE TRANSFORMATIVE INQUIRY

In this chapter I present the experiential transformative learning that was achieved through participants' engagement in the inquiry process of participation in practice, and reflection and dialogue. The process led participants to have changed perspectives on their practice and on themselves as practitioners; and it inspired new practice and new experiences.

BREAD MAKING

Introduction

Previous chapter show that my desire to change the focus of research interest in the second cycle of the inquiry came from my feelings about what was the right action to take as well as my reasoning about it [3.8.4]. The process by which a new focus of interest was agreed upon involved political and emotional empowerment of participants. This was achieved using leadership skills and recognition of potential and feeling [5.3 – 5.4.2]. 4.3-4.6]. A new focus of interest was agreed by participants, and was to be '*something a mother could feel proud of*' (KC). Participants decided to explore the experience of bread making and to apply the process of IRP to develop a narrative from a short account of practice. Use of IRP led the inquiry to a new awareness of what in practice is felt to be of value and experienced as a source of pride by mothers.

6.1 Bread Making: Giving Children Something Better

Extracts from the bread making session:

The transcribed dialogue of the research sessions on bread making can be read in Appendix 13 and Appendix 14. In the report below, I present the original short account of bread making and extracts of research session dialogue in which IRP was used to co create a narrative about bread making. It shows the reader some of

the questions and answers that arose using IRP; and the emerging themes in participants learning.

The Short Account: KD's account of Bread making

'....I just wanted to try it, me dad got me bread maker fer Christmas two years ago. Well he didn't get fer me actually, got it fer me partner an' I 'ad a go' and it worked better fer me than it did fer 'im. So and then I started doin' it by hand 'cos it's easier, especially in summer 'cos it's warmer an' it helps it rise better, so I don't do it so much in winter 'cos me hands are sore now...'

Theme: Involvement of Children

LN Question: What did you find encouraging?

KD *The way the kids reacted to it, 'cos they wanted more, they preferred that to shop bought bread, even to bought handmade bread, especially when they helped as well. 'Cos they like helping.*

Theme: Wanting Something Better for her children

ME Question: What did you want to achieve when you made the bread? Was there something about why you decided because after all it was bought fer yer partner?

KD *I wanted to give me kids something better than just plastic bread as I call it.*

The Qualities of 'something better' in Bread made by a Mother

The following extracts from dialogue in response to questions show what KD found to be better:

1. *'...better 'cos I know what's in it. I know exactly what's in it. Instead of, you buy something from the shops and ye don't always know what's in it! What's been put inside....?'*
2. *'....proud that I am makin' something fer me kids. Proud that they enjoy it better...'*

3. *'.....Yeh cos I've stood there, took the time, and they enjoy it better. The bread- maker does it a bit better – better shape – so it's not the quality. I enjoy making it by hand, plus the kids help so they get involved....'*

As the dialogue continued we found that making bread by hand was particularly important to KD because of the opportunity it afforded to involve children:

Theme: Managing Social Interaction

KD *'...Well when I was making it on me own, they'd come in and say can I have a go, so I would say, 'OK, you do that then and you do that...they have their jobs... S. puts the flour in cos he's only three. Then K puts all the other ingredients in and gives it a stir, and then the rest of us take a turn of kneading it...'*

FM: *'...How is the bond with youse, when you're doing the bread makin'? Do they argue about what they do, like, "I wanna do that and the other wants to do it?"...'*

KD: *'...they know what part they're doin' so they don't fight over it, they don't fight over it. They save that for the computer!'*

Theme: Educating Kids for Life

KD *'....I wanted them (the children) to learn, 'cos when they leave home they need to know. 'Cos they don't teach them in schools, they teach them how to put things in the microwave'*

6.1.2 The Real Worth of the Bread

At the end of the first round of question before the next group reflection and dialogue, we agreed that the worth of the bread for KD related to:

- Being proud of making something for her kids
- It is valuable because she puts time in on it
- She knows what's in it and there is no chemicals
- It tastes lovely and kids like it better than shop bread

- It has become a family occasion: potentially one of good bonding
- Kids get involved and have their own jobs
- Educating kids for life

Arriving at the real worth of the bread was later envisaged by a participant of the Wednesday group as a journey to be made with her children. O's interpretation of her painting below (Figure 26) describes a journey towards something that drew her: a journey, which could be unsafe if seen as a ladder, or safe if seen as a zebra crossing. But what the journey was towards, as symbolised in the bread at the end of the road, was not easily put into words:



Figure 26: Journey of Mother and Child

'I can't explain it really. The bread and the bread making were so important. It was like the beginning, but it is still there now in the back ground as well. It was like you want to arrive at and bring your child to it as well ... and the road to it could be like steps on a ladder which obviously looking at it we could not have climbed with the little legs, but it could be a zebra (crossing) depending which way you looked at it...' (OD).

Participants Want to Try out Bread Making

On listening to the development of the bread making story, all of the mothers expressed an interest in learning how to make bread, including two who had previously dismissed it as being a waste of time.

In the session dialogue the mothers theorised that involving children in the bread making as KD had done, was a way of promoting good family relationships and also evidence of good relationships in the family.

Reflecting on the real worth of bread and bread making [6.1.2], some mothers began to envisage how they might make use of the potentials within bread making in their own family. CN thought that it might help create a more positive relationship with her daughter:

'...Well at least for me, she (the story teller) has influenced me. I'm gonna have a go at doin it. If K can do it so can I! I'm gonna have a go. Cos I know one of my children will have a go, that's R. But one of my children, she does nothing, typical teenager up in her bedroom. So I'm gonna try and get her to have a go...she has got a bit more time now and I might get her involved in some things...'

While for KB it was the promise of chemical free foods that drew her to bread making:

'....my main reason is, cos like, cos you know all the rubbish. You call it plastic bread (to K, the story teller), and it is plastic bread. They bleach the flour and everything. You know the bleach you use in the house? Well they put that into bread. And ye know. You wouldn't give you kids bleach to drink but you give them bleached bread. I do still buy bread but I always try to get that with unbleached flour, unrefined stuff....' ...'

6.1.3 Developing Confidence in Leadership and Learning

Having listened to other mothers saying they would like to try out bread making as an action, when DY saw cheap bread tins while out shopping, she rang me up and asked would the research money fund them if she bought them. From this

spontaneous gesture of leadership, the new shape of the research inquiry was formed. The mothers came together the following week in the children's centre to learn a new skill: bread making; and to reflect and dialogue about it. Some mothers found the hands-on experience of making bread motivated them to try it at home. It was agreed that the mothers would try to make bread at home and involve their children and come back and share with other participants what they had learned from the experience. Not all mothers tried it out at home, but those that did reported back their experience in the next reflection and dialogue session. The dialogue in this research session can be read in full: Appendix 14. Extracts of the dialogue are presented in the text below [6.2-6.3] in which mothers conceptualise and express what they have experienced.

6.2 Dialogue Following the Experience of Bread Making at Home

The Tuesday Group

6.2.1 Proud 'I'm so great'

CK '....What was the best thing about it for you M, what made you want to carry on doing the bread making with P?'

ME '....Mainly cos we were doin' it together²⁰. 'Cos he was sayin', I don't believe you can make this mum (voice showing he was admiring and incredulous). So he put me on a pedestal, so I thought, "yeh. I'm gonna do it again, he thinks I'm cool!"

EP laughing 'he thinks I'm cool'

CK '....So I suppose what you're saying is that it changed your image of yourself?'

ME '...No - His image of me!' ²¹

CK ‘...You felt that by making the bread with him – his image of you was..?’

ME ‘...that I was this great mum!’

C ‘...How would you want to put that in a few words?’

ME ‘I’m so great!’ (Laughing to show she was joking)

6.2.2 Positive Participation in Community

ME continued:

‘.... I’ve even took some down to me mum. And I’ve got an old lady next door. I made some soup and I took her a couple of slices down, and she was made up, and I’ve even passed the recipe on to my hairdresser. So she can make it with her little lad²²...’

CK Wow

LN...’ *The generation of bread making it could go on forever...*

ME ‘...I’m made up...’

6.2.3 Being Affirmed by a Neighbour

Another mother, KB, also reported back on her experience and the different ways she had experienced it:

KB ‘...and me and L. (her daughter). We’re absolutely obsessed now. I enjoy makin’ it, but I like the white I think the whole meal is too heavy for kids. The lady next door like, she was like, ye know, really impressed. ‘Cos she said there are not many modern families who actually make bread²³. But it does work out a lot

²¹ feelings of being esteemed

²² Development of new social interactions through distribution of product of her knowledge skills and also the knowledge and skills themselves

²³ Experience of positive attributed identity

cheaper. We go through about 6 to 8 loaves ye know a week and that's like £6-8 where if ye make it yourself it's a lot, lot cheaper²⁴.

6.2.4 Involvement as Educators of their Children

KB Well if you are cookin' from scratch there are different educational benefits²⁵, 'cos there's the weighin' and measuring, ye know what I mean? where your maths comes in, yer science comes in because the yeast helps the bread to rise and it reacts with water; Erm, spending time together; and I think they do eat it – even if it looks a bit messy (when they been involved in the cookin); But it is like passing on skills, like I said before. At one time it was common to home bake and cook, or go out and kill a rabbit and bring it home and stew it, and stuff like that. Whereas I think that some of those skill shave been lost, and lost through convenience foods and tha'. So it's about passing on skills in the family and community. .

6.2.5 Potential Involvement with School and Changing the Future

ME It's changed how P looks at me²⁶. Yeh he's even said that it would be good to do in his cookery lesson at school and he's gonna ask his teacher does she want the recipe²⁷

KB That's a good idea that

ME Do it at school?

KB Yeh 'cos that's something they're not taught. They're taught how to make a bloody fruit salad and simple things like that, but nothing that's gonna benefit them really if you think about it²⁸. Cos another big way it changes the future is that you

²⁴ Financial saving in bread making

²⁵ The value on bread making is the educational benefits

²⁶ Changed social identity

²⁷ Extending the mothers sphere of influence into school

²⁸ The perceived worth of bread. K thinks knowing how to make bread is of more importance than fruit salad. She does not see the relevance of learning how to make fruit salad

can save money by makin' as many loaves as you want dead cheap. And thinking, there are no chemicals in that. That's two things²⁹.

6.2.6 What Children Value

CK: but have we perhaps got some insight into what children value. I'm thinking of your experience L. What was P valuing when as you said, he put you on a pedestal?

KC *'They value the time spent with ye, don't they?'* ³⁰

ME *Yeh, He valued learning something new*

CK: He valued you passing a skill on to him?

ME *Yeh. 'Cos he said, 'where did you get the recipe from?' And I said K had brought it in and ye can buy the yeast and the recipe is on the back. And he went, 'Wow – as though to say – "I didn't know that". Well I didn't know it me self till then.*

CK lets go back to the question about what we thought might be an outcome of bread making?

KC *We wanted to involve the children and do something as a family and look at the bonding.*

CK That has been partly answered in the group, but I don't think it was the same for everyone?

KC *Yeh with L., Yeh.*

CK to EP – you were not sure E?

EP: *Well C. was watchin' telly. R. was on a chair- she loved it her - playin' with the dough. But C. was in and out. She wasn't interested, probably because she was watchin' telly. Obviously we started while she was half way through watchin' something. And also 'cos he (partner) was 'ome sayin', 'I'm not eatin' it'. R, she did*

²⁹ Bread making is important for financial reasons and health: cheaper to make and no chemicals in what you make.

³⁰ What children value from the experience: time with mothers, learning new skill

(enjoy it), she played with it. We wrote bread into the flour and stuff. That's learnin' yer letters as well isn't it?

LN (who is making notes) Shall we put that when we did it one to one, it was good for relationships? (Referring to writing notes on the flip chart).

6.2.7 Confidence as a Mother

KB '....Bread making, ye might say it's not much, but it's like them skills got lost. It got lost with all the supermarkets and shops. Everyone buyin' it. Them old folk, their mothers made it. But we didn't learn, we weren't shown how to do it³¹, we've had to learn ourselves. It's bringin' them skills back into the community. And another thing, making the bread with L. and the boys ... it's given me confidence in me-self as a mother³².

6.2.8 Re-establishing the Tradition of Family and Community Education

The dialogue about experience of bread making continued into ways in which knowledge could spread in a community:

ME '... Yeh cos I mean, years ago they would have done it (bread making), passed it through every generation wouldn't they. But like nowadays, ye don't see many people makin' bread, so in us, it's like revived it in a way. Ye know what I mean? '

CK: I think I know what you're saying. Like, the knowledge that would have been passed on in families in the old days, from mothers to children hasn't happened, and now it can't happen because the skills have been lost. But in this group, because one person had the knowledge and we have learned it, the old way of mothers passing it on to children has started again.

KB: Yeh, and in community.

³¹ J sees skill succession in family and community was interrupted but it has stated again.

³² Engaging in bread making in family has given her more confidence as a mother

And this theme of passing skills among women in a community arose again in another conversation among participants. In the group, we had spoken about stories told by older women from Parr who had since passed away. The older women had spoken of former, poorer, but they felt happier times when they were children. Their family homes had no ovens. They shared a community oven where women met to bake their bread and their accompanying children played. ME refers to this story, she envisages this as being where women met naturally and shared ideas and skills:

ME: *I think it were somethin' wha' just used t' happen naturally, ye know, in th'olden days. It's like, in the old days, people knew 'ow to cook, and like ye say, the community oven, the bread makin', and the women got together. They 'ad the chance, there was a genuine reason for getting' together and talkin' about things like tha'.*

CK I hear what you're saying. They had a genuine reason for getting together because they needed to get the bread cooked for their families; but the spin off was that they could maybe talk about cooking and thing like that and learn from each other.

ME *Yeh, I think it was more natural like, 'cos when do women ever get together now like tha'. Them traditions 'ave gone now.*

6.3 The Wednesday Group:

Although the two research groups are markedly different, what mothers valued in their practice proved to be quite similar in both groups. They valued participation of children in bread making because it was a means of educating them and giving them good experiences; it gave them the feeling that they have a right to respect; and of being able to feel reconnected with family and community past values and traditions and of being able to establish new ones. The Wednesday group initially applied IRP to birthday cake making and later became involved in bread making as well:

6.3.1 Involving Children

Mothers in the Wednesday group engaged in developing a narrative about cake making. When the teller later reflected on her co-created narrative, once again, participation with children was found important, and the practice was seen as a means of giving children good memories to take into their future:

“ well I suppose I didn’t realise how much fun it was actually (before reflecting). I did not sit and reflect and think “how great was that!. I just thought the kids have enjoyed it. I didn’t think how it had affected me I suppose. And I realise now that it only took about 30 minutes max to do the whole thing, even with clearing up afterwards. So it’s not a long time to do something that the kids will remember for ever” (YC)

Once again, the idea of making use of practice as a means of establishing bonding and a sense of family motivated other mothers to think of learning and using this skill:

FD, a young mother explained “Even tho’ it would make a mess, I think I would try it, either with me own child or with me brother and sisterbecause it’s like a family thing, where you are doin stuff as a family”

And she reflected further:

‘Well me dad is always at work and me mum works. Me brother is at school so we don’t get much of a family time. Something like that would bring us closer together ... It would stop us bickering for like minutes or an hour or so...’

6.3.2 Educating Children in Life Skills

A mother in the Tuesday group had described her own childhood as grim owing to her mother’s debilitation by severe chronic illness. She had a childhood memory of going to a friend’s house from school and witnessing the mother presenting her friend with a home baked pie for tea. The vision of the pie had stayed with her and she said, *‘...that’s the sort of mother I want to be...’* Her new cooking skills and

changed practice took on the significance of breaking with the past to provide a better life for herself, her children and future generations:

'For me as well it's givin' my kids the skills, that they know how to do it as well. They know how to do it. Cos in many homes now, ye don't see anyone making homemade stuff, you don't see it at all. Ye just go and buy it. It's just get a pie out of the freezer, and whack it in. Well I never had it (homemade cooking) but I want my kids to have it. I want them to see me doing that. So they know how to do it and then they can do when (They become parents) You know what I mean, keep that going ...' (DY)

6.3.3 A Right to Respect

For TK, a mother in the Wednesday group, bread making became a way of saving money, and a source of enjoyment.

'But I've noticed difference money-wise, because I'm paying the same for flour that will last me for two loaves and maybe some barn cakes as well...probably the same for what I would pay for one loaf of bread. So It's ... With me now I want to, I enjoy doing the bread of a night time because I know everything is dead quiet in house, and it's just me in kitchen. But I want to start baking now. I want to start making me own pies and maybe making cakes. I wanted to make a cake for D.'s birthday but I didn't have the guts to do it.

The kids can smell it (bread) in the morning when they get up, and its 'toast, toast' ...and they want toast straight away! For Easter they got little plates ...you know with egg cups in, so sometimes that's what I'll do...'

She continued by explaining how she found bread making to be a way of connecting with past values and traditions:

6.3.4 Reconnecting with Past Values and Traditions

TK felt that putting hard work into making homemade foods earned her the **right** to respect:

'I think in a lot of ways I want to make it that way, where it's how it used to be. Where it was everything home-made. And in a way, the way I sort of think about it is, if the kids see ye working your bullocks off fer t'put food on the table for 'em...makin' pastry, makin' bread, makin' casseroles and stuff like that, this might sound daft, but it's like a respect thing. Whereas, like years and years ago, people always respected their elders but now.... It's like the arguments I'm havin' with our E. (9 years old) ... well our E. thinks she is on the same level as me in the house. And it's trying to get that respect with 'er. Where I think if she sees how hard I work as a mum, then she will respect that and appreciate it more. And I think that's why I'm trying to....I want her to grow up respecting people and then her bein' the same. So that if she works hard she'll get the respect she deserves as a mum'.
(TK)

Summary: Something Better in Bread

In the new practice and experience of bread making with children, the mothers found that children liked the homemade bread and some were now prepared to eat wholemeal, and that they also held new perspectives on their work and on themselves as mothers. Bread making had given them opportunities to become involved in educating their children; to understand what the children valued in their participation with mothers; and how to make bonding relationships with children by ensuring each child knew their job, and having one to one time with them. Bread making also made them feel connected with the past; and it made them feel in touch with old values and skills that they wanted to pass on to their children and others.

A key aspect of the mothers' experiences of pride in their practice was feeling that by making use of their skills and putting their own hard work into it, their bread was better than what could be bought or made by machine. They were able to provide a healthy food without added chemicals; they felt that participation for their children was a positive and educative experience that they valued and which prepared them for the future. Mothers also felt reconnected with their community history and with former community values which gave them a right to be respected for their

work. They felt they were reinstating community traditions and values by learning bread making skills and passing them on to children and others in community. The salutogenic dimension of bread making and a mother's work is further developed in the discussion Chapter 7.

6.4 The Investigative Reflective Process (IRP)

6.4.1 Engendering Experiences of Community Participation

When asked about her experience of using IRP, KD explained that participating in the research into bread making using IRP had made her feel better about herself. Extracts of what she says is shown below [6.4.2]. It shows the research process of IRP had contributed to KD's self-actualisation in family and society. The new perspective of herself as a mother who had something of worth to give to her children and other mothers in the community made her feel better about herself. The impact of her story for other women and children in the community is shown below in Figure 27.



Figure 27 Self Actualisation of the Bread Maker Storyteller in Community

6.4.2 Feeling Better about Herself

KD explained how seeing its effect on others had made her feel:

'It's made me feel better about myself, especially now, everybody's had a go, havin' fun wi kids. I know it's only bread makin', but when kids grow up they've learnt how to feed their selves when they're older. And if they go to Uni , and they have no money in Uni do they, and so they'll be able to feed themselves ... it's cheaper for them to make it their selves³³'

Participants Collective Journey to the Tea Club

The Narrative in Chapter 5: [5.7-5.7.2] explains how the Tea Club came to be established as a collective action in which participants would give to others and receive from them, something of value in their practice. The Tea Club became a vehicle for participants' experiential learning about practice and community. In the following sections of this chapter, I draw on participants own words to give the reader insight into the multiple outcomes achieved by participants in the Inquiry, I have made use of two sources of material: the mothers' published story-recipe book in which they describe the research and how they set up the Tea club (actual names are replaced by coded initials); and research session dialogue.

Extracts from the Text of their published book

'When we started the research we all thought it was just going to be a few weeks of sitting and talking about feeding the family but it grew into so much more. ... We all learned different things from the research. We learned something about ourselves and we learned practical skills from each other. We found we wanted to

³³ KD has a new perspective on what her involvement in the inquiry process means. Seeing what it has achieved makes her feel better about herself and she is able to articulate her own motives more clearly – passing on positive experiences, skills and knowledge of worth.

make changes to how we had previously done things.A lot of manufacturers put unhealthy things in food just to get more money from sales so mothers need to be aware and protect children from the profit motives of the food manufacturers. We saw how beneficial it would be to cook from scratch as you can know what is in the food. We all knew how to make different recipes and we began to discuss how we could share and learn from each other.

*We started the Tea Club so we could enjoy learning and doing things together...
...The Children's Centre supported us to take the Basic Food Hygiene qualification Level 2 so we could develop the research from just sharing stories and photographs about our experiences as mothers to include showing each other hands on practical cooking... '*

6.4.3 Collective Learning: Skills of Participation

'...we've really bonded ...' (FM)

Although ostensibly established to learn hands on cooking skills, participants' said their experience had been one of bonding. In an art group session they discussed having a logo that would express what feeding the family practice and their participation in the research now meant for them. Figure 36 (Chapter 7) shows the creative art work with images of two connected hearts: the larger a mother and the smaller a child. Feeding the family is a practice infused with emotion and feeling, for mothers, and is a way of bonding in the family.

Figure 28 below, is an expressionistic painting made by a participant: FM using just fingers, paints and canvas. She designed it to show feeding the family practice in the inquiry has been a means of drawing people together. She shows mothers and children have drawn closer together; and mothers are standing side by side, in relationship to each other and with a sun at the centre. Speaking of the sun, she said '*I just saw it there...*' The mothers agreed that the sun expressed how they experienced bonding in the Tea Club: '*warm and friendly*' (OD).

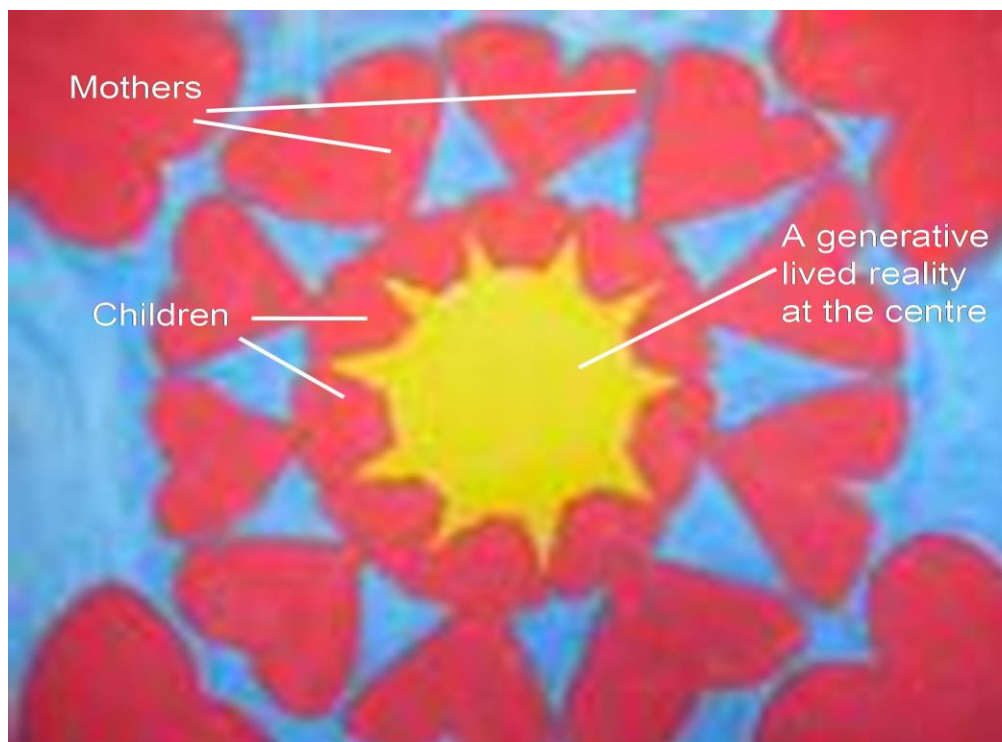


Figure 28 True Community ... 'We've bonded ...'

The Tuesday group looked back at their experience of participation, and the road they had travelled to establish the Tea Club. Some of them explained the challenges to participation that they had had to overcome during the inquiry. It enabled me to understand that some participants had been afraid to speak at the start of the Inquiry.

DY had not felt safe to speak in the group:

'C..., you used to say we wouldn't talk, but we couldn't talk – we couldn't risk saying things that could be thrown back in our faces'

And MN feared being perceived as thinking of herself as better:

'...if you say something and people see you are doing things better than them, people will think you are snobby – you don't want people to think you look down on them - but people do if you do things differently ...and they don't like it '(MN)

In the following section, I present the development of new skills in practice and participation in individual's stories.

6.5 The Development of New Skills

This section gives insight into the range of learning experienced by participants during the inquiry

6.5.1 OD's Story

OD reflects back in a group session on some of her learning and change:

'...When we all got talkin' and we talked about our backgrounds and our own upbringin' and tha' and wha' we do different with our kids, to how we were brought up and tha', and we've had loads of bakery session, learned 'ow to make different things and tha', and that's inspired me at home to do a bit of cookin'.', because 'it's not as 'ard as ye might think.

An' then I've learned other things – like we've monitored 'ow much treats we were given our kids an stuff, I took photos and when I kept an eye on it over a week – they were 'avin loads 'cos, all my family, when the' come, the' always bring 'em things and it's like, 'Oh, 'ere's somethin' fer little'un, and ye know...' (Figure 29 below)



Figure 29 Sweets and Treats

And one big thing I learned when I cut down the chocolate loads and loads, he behaved, especially H, 'e behaved better. An' even now, 'cos I 'ave a treats tin (new practice), when 'e's ate all his dinner, an' can pick somethin' out of it, but now, most of the time, 'e picks raisins, 'e loves the little boxes. I've noticed, the more chocolate 'e 'as the worse 'e 'is, so I'm dead careful now.

And the thing, another thng I've learned as well, the thing abou' sweets an' treats. It's the novelty packin' an' tha'. It's not what's in it, whatever ye give 'em, if it's in a novelty, somethin' different, it doesn't matter what ye give 'm. It's the novelty package tha' makes 'em eat it. So ye even find like, the way ye present stuff an' tha', like give "em a plate wi' a carrot an' a grape and make a smiley face, the get all excited about' it and eat it. (Figure 30 below), It's like alternative things – give 'em tha' instead of chocolate.



Figure 30 Novelty Meals

In Text Extract from Participants' Book:

OD describes and explains some changes in the way she feeds her family:

'I didn't really cook very much at home and my family mostly ate ready meals. I found them convenient as during the week I was mostly cooking for me and my children while Mark worked away. My dad used to joke asking if we were having chicken ding or cheese and crackers for tea because of my cooking skills.

I joined the 'feeding the family research group'. I didn't know what to expect at first but listening to other people's stories about lifestyles and how they fed their families inspired me to start cooking.

Now when I put the children to bed of a night I often prepare tea for the next night. When I invited my mum round last week I surprised her as I had made FM's Hotpot for our tea. When I heard how much YC's children enjoyed decorating their own birthday cake I decided to try it with my stepson on his birthday. It's not always easy to think of fun things to do but he really did enjoy it'.

6.5.2 FM's Story

In the group, it had seemed as though FM chose to keep herself apart, but reflecting back on her changed experience of participation, she explained the reasons why she had felt alienated and excluded:

'We felt that we were not good enough to be with them (other participants in the Tuesday group). We were single mums and we were not good enough.you all judge someone, we all do it, it's an instinct 'cos we don't know how to trust...you judge them - even if they're total strangers trying to be nice...' (FM)

FM who struggles with literacy, had eloquently summarised Freire's (1972) description of the effect of oppression:

A characteristic of the oppressed is self-deprecation, which derives from an internalisation of the opinion the oppressor holds of them. They hear criticism of themselves so often, that '...in the end they become convinced of their own unfitness' (Freire, 1972:45).

In the following extract taken from her contribution to the book, FM explains the meaning of the recipe she brought to the group. It is evident that the meal's value is not just that of food, but because it brings back something of the presence of her mother in the family. In valuing FM's contribution and using the recipe, other participants have given the meal even greater value for FM.

Text from Participants' Book:

'I am 22 years old. The meal I introduced to the research group was corned beef hotpot. This recipe was shown to me by my mum. This is something she used to cook for our family including her dad on a weekly basis.

My mum has since passed away and we all miss her so much. My Granddad missed the weekly hotpot so I decided to learn this recipe myself and keep the weekly tradition going. One tea time we made the corned beef hotpot at Parr Children Centre and brought our children to join us. Everyone loved the taste and it

was an immediate success! Since bringing my recipe to the group I am aware that many members of the group now cook this at home for their own families' .

Skills of Emotional Intelligence

In our finals session, FM's sharing of what she had learned showed how she had developed emotional intelligence (Golman, 1996) which Heron (1996) explains as the ability to visit a painful experience and be able to reconstruct it in a way that allows hurt to be healed.

FM explained:

'I used to think people didn't like me if they did not talk to me and that made me go very quiet and not speak. I know now that was just my own shyness. Sometimes people don't talk for other reasons. .'

6.5.3 LN's Story:

In research sessions, LN had reflected on her experience of early motherhood as being one of ongoing major changes in her life circumstances. Inevitably it had constrained her education and other areas in which she might have wanted to develop [5.6.2]. Participants had been sympathetic and showed understanding when she told her story about shopping [4.3.5]. Extracts below show a learning journey in which her understanding and practice of feeding the family changed. Over time, she developed new cooking skills and cooked healthier foods and developed a career interests in catering.

In November 2008, she had described her approach to feeding the family:

'... I just generally buy wha' they like ... Like I go and get me basic tin stuff, and then like me fridge stuff, and then whatever the kids like to eat from the freezer, I'll get tha'. Then when I've got tha' I'll go back and get wha' I want. Cos like obviously, the kids'll eat beans and sausage dinner, I can't eat stuff like tha' at all. I'll just get me own stuff separately. I just 'ave bits and bobs really. I'm not like the

type of person to sit down and 'ave a sit down meal like. If I'm hungry like, if I'm hungry, I'll just 'ave a bacon butty, or pick bits out of the fridge'.

Like others in the community, LN had started buying affordable fruit and vegetables when the fresh food co-operative had begun to operate in the children's centre. In the extracts of dialogue (below) the reasons why she stopped buying fresh fruit and why she is reconsidering are presented.

LN I used to get them bags of fresh fruit food, but like the kids'd just eat the bananas and apples and leave the rest of it fer t' just rot. But because my kids are hyper 24/7, I'm starting to buy it again. I'm gonna start givin' them fruit now instead of sweets.

CK So, that's a change you'll be making L. Is there a reason why you're doing it now?

LN I don't know. I just thought I'd do it, give it a try. Maybe listenin' to what other people's bought.

FM Well I don't get it, (buy the fruit) because like M. (her 2 year old), she'll only eat the banana's and pears, so the apples and oranges are goin' to waste. An' it's the same thing week in and week out

Career development

LN recognised she had few practical cooking skills and the area of leadership she chose to develop, related to her own and others practical learning. She adopted the role of Apprentice Lead and her job was to identify and request others to help her learn how to cook the meals she wanted to be able to cook; and also to find out what others wanted to learn and to make it known to the group and to me. This approach led to the development of a project with St Helens College through which a Chef delivered six teaching sessions in the centre. Unusually for the mothers and for the Chef, the syllabus was set entirely by the mothers who listed the skills they wanted to learn and the meals they wanted to produce. At a later stage in the project, LN volunteered to work in the café with another participant so as to be able to learn more. She tells of this experience and its outcomes:

In the Text from the Participants' Book

LN '....I enjoyed cooking at school and studied at GSCE level and my plans were to be a chef. I remember making cottage pie when I was at school.

I volunteered in the kitchen at Parr Children Centre and we decided to make cottage pie as "lunchtime special". My children ate cottage Pie in the café for their lunch and really enjoyed it. C. and D (children) asked me could I make it for tea at home. I'm usually so busy with the children at home that I can't find the time to cook from scratch.

As a treat I bought my mince and vegetables and decided I would make cottage pie on the following Saturday night for children's tea. I made a fruit salad as well. I needed to eat healthier and I thought the children should eat healthier too as it will do them good. I have new recipes to try for the future...'

A New Career

LN's new perspective of herself as a learner has slowly matured. I keep in contact with her progress through Facebook and knew that she had begun training at St Helens College. I met her in Town recently, five years after the project had ended and she was highly delighted to show me the file she was carrying. It was her completed Portfolio for the NVQ2 in Catering which she had just been awarded. I was so proud of her achievement and felt uplifted that the glowing ember of her school girl hopes for a future had in part been realised.

6.5.4 MN's Story

MN had shared her experience of a chaotic morning with participants [4.3.6]. In it she described ways in which her 2 year old child chose what foods to eat. Over the course of the inquiry, MN developed new perspectives on shopping and new opinions on what foods she wanted her children to eat. She became more aware of the insidious influence of advertising and food promotions in supermarkets and of what food processing involved.

She had originally described promotion as helpful:

'...We go Asda. And we always look in the newspapers because the newspapers are a big 'elp. They always have advertisements on of where's got offers. Like 'Just the Job' (name of a shop), they always have a little offer on sometimes, somewhere along the lines ...you find it, different pages it's just small advertisements or you can get a full page'(MN)

However reflecting on her own experiences of shopping and hearing others talk of theirs, she began to see promotion differently:

'I think it's all about money; they try and get you to buy this extra, and everything's bright. All the bargains are bright and in your face, so you're gonna spend more money cos, " Oh that's a bargain, its bright, it looks good, we'll put it in trolley" and you get to till and dread that you've got no money'

At a later research session she explained the changes she was making in family feeding:

'...To be honest, the group has actually encouraged me to cook more, 'cos it was just bangers and chips in the chip pan. Chicken nuggets and stuff like that, but we've started, the whole family has started eating a lot healthier. Because you look at other people who are cooking things and you think how do you do that? Well let's try it! So I fling stuff in the pan and try it. We've been making all kinds of things. It's brilliant. It looks messy but it's done, innit?'

MN had been particularly interested in finding out about chemicals used in food processing. She was part of a group who got together to learn how to search the internet for information on food processing (See Figure 31 below).

In what I now recognise as being the way of grounding new practices in past traditions, a member of this group encouraged others to make changes:

'....The body wasn't made fer to do all them chemicals was it? I mean the things that cave men ate, was probably very healthy, natural I mean...' KB

MN outlines some of the changes she has made during the Inquiry:



Campaigners call for action after EFSA decision on food additives and children's health

Figure 31 Participants research into Food Additives

In Text from the Participants' Book

'.... Since coming to the research group and hearing what chemicals they put in food, I've started growing my own salads and vegetables. I started really looking at what was in the food I was buying and saw it was full of additives and colours and high fat. I started to feel guilty at what was being pumped into the children day in and day out.

We've done over a section of the garden to grow vegetables in and we grow things in pots as well as in the wooden planters we've made. We've harvested lettuce, tomatoes, broccoli, peas, beans, carrots, leeks and all sorts. I do not use any chemicals at all; even to get rid of slugs I use egg shells. It all started when I just picked up a packet of seeds in the supermarket and a bag of compost and I planted them on the window sill in the kitchen. As they overgrew the windowsill I moved them outside.

I really like seeing the children go and pick the vegetables straight from the garden. They look at them every day for changes and ask when they will be ready to eat.

When the peas came up the children popped them and ate the small peas fresh from the pod and really enjoyed them.

I've got hens as well now and so we have our own fresh eggs. I've given some eggs to neighbours and they said they were the nicest eggs they've ever tasted. One of our neighbours is growing their own vegetables now and has said that they intend to keep hens soon. My husband's family have started to keep hens and quails as well.

Of course we do still eat bought food; I'm not saying that we don't. But now I know my children are eating really healthy food as well so I feel much happier about it....'

6.5.6 LC's Story

LC explained how difficult it was to have a family meal together [4.3.8]. As a skilled cook and car owner, she developed a key role in managing the Tea Club. She voluntarily gave her time and made use of her car to go and buy the ingredients for the weekly meal with whoever was leading the session. In one of the final reflection sessions she describes some of the outcomes she gained in the inquiry:

LC "I remember at the beginning I did like hearing everybody's stories, 'cos then I didn't think it was only me was stressed and chaotic, so I liked hearin' everybody's story and tellin' mine as well. ...and I've made new friends. Ye know I did like the tea time work we did, even though it was hard sometimes, tryin' to get everythin' done. And my children liked comin' –they had started to come up with ideas of all sorts of new things we could try to cook fer the kids.

DY adds '*... A (age 12) was like tha' as well, he loved comin'...*'

CK Yeh, *the kids loved coming...*'

LC Especially the older ones, surprisingly, cos they don't always want to ... The younger ones are fussy- but they all came, and tried different things – like the pasta bake. I make that that at home now. What I do different now, is I've got a rota of meals so that we try different things. And I use the

recipe's the chef gave us, especially the curry, but I've made it a bit different so the children like it.'

6.5.7 YC's Story

YC's poem reflects back on how she wanted to be a perfect mum but felt unable to be one:

*I would love to be the perfect Mum
Baking in the kitchen, Banana Bread Yum Yum
But I've no time and patience NONE
And the cooking would never get done
The girls always ask could I bake a cake
I say, "No way for goodness sake"
We've got no time Do it at School
We can't do that it wouldn't be cool
Well don't bother me and that's A RULE*

In the inquiry she began to recognise she did not have to be a perfect mum or have a perfect home. The important thing was to give children good memories to take into the future – and this was worth the mess being creative could cause. She was pleased her experience and learning had also been of use to another mother:

Text from Participants' Book:

YC'....It all began when one day I was wondering which character cake I should buy my daughter for her birthday this year. I wanted to take the girls minds off presents and stop them mithering me about them for the whole evening before their birthday. Looking at the price of the cakes in the supermarket as well I thought "I know, let's make our own cake."

So I bought a cheap Victoria sponge and some frosting and some decorations. I explained to the kids that we were going to make the cake ourselves this year and they were so pleased and excited.

I gave them a free rein with how they wanted to do it, which was hard for me, but the enjoyment the girls had making the cake was clear on their faces. They spent quite a bit of time doing it and I took pictures of the cake and of the girls parading it. They didn't eat much of it but they had great fun making it!

When I showed pictures of it at the research group, another mother decided to do it with her eight year old stepson when he came for his birthday. Seeing how much the girls had enjoyed it she thought it was a good way of doing something really different with him....'

In the group dialogue following the use of IRP on her account of cake making she said:

" ...And I realise now that it only took about 30 minutes max to do the whole thing, even with clearing up afterwards. So it's not a long time to do something that the kids will remember for ever" (YC)

6.5.8 DY' Story

DY did not know how to cook when she married but she was proactive in learning from her partner; and from two other participants in the group. She was one of the originators of the idea for a tea club and had a key role in establishing and managing it by coordinating everyone's input so the group knew which meal was to be cooked and who was leading the session. She was keen to learn and to share her learning with others:

DY '...Well I cooked from being tiny... but well, not cooked it was just frozen stuff, from bein' young 'cos I was still at school. 'erm but I can't remember, but when I did get into me own house then, when I was with R (her partner) and we 'ad A., it was, if I was cookin', it was just yer chip and yer pie and yer peas or whatever. And it's R. who's taught me 'ow fer to cook like curries or whatever, or like goin' group.... Or

if like somebody says I had such a thing last night I'll think, 'do ye know what I'm gonna make that'. Then I get on the phone to NT, "what de ye do?' or to KC (another participant), "ow de ye make that again? (Laughing) and I very often get on the phone and cook it while I'm on the phone and they tell me how to do it'

DY to KC: 'I've phoned you 'aven't I? And I phone DA all the time, I'm always on the phone with her telling me how to cook'

KC 'Well I got DY onto the crock pot'

DY And the banana bread. I do all kinds what KC tells me what t' do'

EP 'I feel left out me'

DY to EP 'We'll 'ave to swop numbers'

CK I love this story that's coming out now between you all. We started telling how our lives and our experiences are so different and we have all had different opportunities for learning - we started off in different places, at different ages and we have also had different opportunities for learning. We haven't all had the same opportunities so it's not anyone's fault that they haven't yet learned. But you know D, you're asking people, ringing people up. You're making your own opportunities too. And now you're going to swop numbers with EP and pass on what you've learned to her.

Previously DY had told how stressful it was to have D in the Kitchen [4.3.7]. In the final reflection sessions she reminded others that her ambition had been to learn to make pastry and of how it has changed her attitude to having D in the kitchen.

DY 'But my one (learning goal) was the pastry wasn't it. D' ye remember I really wanted to know how to make that? 'erm and we did, learnt how to make it, but I've took that home, all the time now with D (son age 3 years. He likes doin' the pastry, likes cuttin' it out, think 'e likes the pastry more than the bread. Don't make bread a lot, just every now and then. When we make things, they (the children) get involved and we do enjoy that....'

6.5.9 KB's Story

In the dialogue KB explains how they (the participants) as mothers were reconnecting with old values and reviving a past tradition:

KB '...yeh cos I mean, years ago they would have done it (bread making) passed it through every generation wouldn't they. But like nowadays, ye don't see many people makin' bread, so in us, it's like revived it in a way. Ye know what I mean?'

CK: I think I know what you're saying. The knowledge that would have been passed on in families in the old days ... but in this group, because we have learned it, the old way of mothers passing it on to children has started again.

KB's participation in community had at times been troubled, she had felt unwanted and criticised [4.9.2 (a)] and [4.10.1]. She had not had the opportunity to demonstrate and share her knowledge and wide range of skills. Her leadership development role in the Tea Club was Community Skills Lead and she enabled numerous others in the community to try out new foods, engage in learning about food additives and learn practical hands on cooking. In the text she explains her experience of volunteering to run the centre café:

Text from Participants' Book:

KB'....This meal started as an experiment for 'feeding the family' research group as I had never made it before. I saw it in 'Best' magazine and thought it looked gorgeous. I asked the research group should I make it for our lunch in the Children's Centre Kitchen.

The entire group liked it and as the staff passed by, they commented on it and asked if they could buy it for lunch. I had to tell them that I couldn't sell it as it was an experiment for our group but I gave them free tasters. It went down a treat and they all requested me to make it for them to buy for their lunch.

We worked out that Thursday was when most of the staff were in work and I cooked it on that day. Nobody had a bad comment to make which was nice. Ann (a

member of staff) came back and bought two portions for their tea. I told her to get the candles out and make it a celebration. Ann (member of staff) thought it was really good value and said 'All that for three quid'. I gave the recipe to anybody who bought it – I don't know if they have tried it out yet. It was really good to have positive feedback...'

KB went on to teach bread making to community groups, and her skills passed into the lives of other families, including LC and her family as outlined in the story below:

6.5.10 LC's Story

Text from Participants' Book:

'....I thought it would be hard to make bread but actually seeing it done made me think that I would have a go. KB set up a little group for those of us who had seen the others do it and were interested. I picked up some tips from her, for instance, I wouldn't have known how to knead it properly if I hadn't seen her do it. She showed me the recipe on the yeast packet and it only needed a few ingredients. I thought my daughter E. would enjoy it as well, so I went to Morrison's and all the things you need is on the one shelf which made it easier.....'

Her daughter's smiling floury face (Figure 27) and the continuing story below, shows her insight to be correct. E's evident enjoyment was also a result of her mothers' skills of participation which guided E's own increasing participation in the bread making process, giving her the chance to take ownership of it and to learn from it.

'.....When we were making it I said to her 'Just watch that now' and when she saw how it had risen she said 'Mum just look how big it's gone'. Every child would love making it because they can get their hands all squishy squashy in the dough and it's just fun. Obviously the flour goes everywhere even when you just touch your face.'

Because E. was so eager I let her take charge and I stepped back a bit. I didn't plan to do that but seeing how much she was enjoying it and wanting it to turn out well, I let her take over. When the bread was baked it was her bread and she sliced it up and everyone in the family had to have a slice of it. We did enjoy it, everyone one of us including her big brother.

I found it was nice just to spend a bit of time together because I am often rushing round. I could see by her face as she was laughing and happy that she was enjoying doing something with me. It made me realise afterwards that you can fit that bit of time in, you can slot it into the day.....'

And for her E., when she wrote the story of her learning [Figure 27], in addition to learning skills of participation, she exercised skills of observation:

'.....When we were making the dough it went a bit wrong so my mum put more flour in it and when I put my hands in to mix it together – it reminded me of play dough! I made the dough into little balls like buns and then we left them to rise and then put them in the oven.

As I watched them in the oven they started to rise slowly and they changed colour to a golden brown and my mum said to give them five minutes more. There was a little change in the five minutes they went browner and the gold was on the sides.

My mum took them out of the oven and cut one in half and lots of smoke came out. We put a bit of butter on the bun and it melted within 10 seconds.

I had a little bit of it and it's the nicest bun I have ever had...'

6.6 Changing Identities

The extracts from the published text shown participants changed relationship with society. They make clear, that current social expectations on mothers are unrealistic, but they point out that they have made changes and that their personal experience may be of help to other mothers.

Extracts from the Text:

‘.....Our story recipe book is being produced by Parr Mums whose own children would probably prefer to eat junk food – so it could be encouraging for other mums to see how we are making the changes. It would also be encouraging for families on a low income to know that it doesn’t cost the earth to make a home cooked meal and it does not have to take hours of work.

.... Our stories are real life stories. People can sometimes judge us mothers from the outside. Mums feel pressure from outside judgements when it comes to looking after the kids. People expect a perfect mum and perfect children without looking at personal circumstances. Our book shows Parr mums in a good light. It shows we are willing to make the effort to improve what the kids eat – to improve their quality of life’

6.6.1 My Changing Identity

What we actually do: practice, is what is meaningful in any situation and constitutes identity (Stevens, 2007). Our changed practice to a more collaborative style of working changed how participants felt about themselves and others. I found myself to be experienced and known by participants as more fully human at the end of the research. I got some feedback unexpectedly about how differently I was becoming perceived, by a young boy who joined the group with his mother, as he was temporarily not accessing mainstream school: *‘If you’re the boss, how come you’re not bossy?’*

I found that my being a manager was now perceived as a useful asset by the mothers. However, when it seemed to one mother that I was giving too much control to the group, and potentially allowing them to make a decision about the club that would make my position as a manager more difficult, she stepped in to explain:

‘Ye can’t do that ... it’s more than her job’s worth ...’ She then said to me, *‘Ye can’t risk getting the sack ‘cos I don’t think any other centre manager’s gonna let us do what you do...’* (KB)

And on another occasion, a mother who attended a 'Parents' Forum' reported back to me what she had said:

'They were lookin' fer a room fer next meet. So I said they could come to our place (the Children's Centre). They said, "Have ye gotta ring up and ask?" So I said "No." They said, "who do you think you are? The Centre Manager?" So I just said, "It's not like that with us... she's a friend like and she does what we (the parents) tell her"...' (KC)

At the end of the Tea Club, in conversation with the young mothers who had initially felt 'used' in the research, she said of her experiences with me:

'... When all's said and done, ye might be manager! People round 'ere just think automatically that'd mean yer couldn't be bothered talkin' to mothers like kind a thing, but yer just a flesh and blood mother, like the rest of us at th' end of day' (DY)

Summary of Transformative Learning

In summary, through the individual stories of participants [6.5.1 – 6.5.10] and in the concluding text above [6.6], the mothers changed relationship with society reveals what Freire (1972) and Mezirow (Mezirow, 1991) describe as transformative learning: analytical conscious awareness and transformative insight. They are more aware of the adulteration of food with chemicals and bright packaging and promotion of bargains as being an expression of the profit motives of food manufacturers and supermarkets. It motivated them to want something better for their children than society is providing, and this was cited by some as reasons for wanting to learn how to cook from scratch; adopting creative ways of presenting food; and turning a garden into a little home farm.

The mothers see that the food they give and the work they do has value beyond the foods' material qualities and their works productivity. They recognise the relationship between their practice and more deeply held values that relate to their role as mothers in the family and society. This

learning expresses what Boyd and Myers (1988) refer to as the emotional, spiritual dimensions of learning. It will be discussed in the next chapter. Despite participants alienating experiences in practice, which for some included violence and harassment, injurious name calling; and the ongoing experience of felt negative perceptions, they are now able to present a new and more positive perspective of themselves as mothers. Their focus is on the worth of their efforts. In the printed text of their book, they establish this as the standard of judgement. They say '*Our book shows Parr mums in a good light. It shows we are willing to make the effort to improve what the kids eat – to improve their quality of life*' They are now in a stronger position to negotiate their social identity as mothers in this community:

CHAPTER 7

REFLECTION AND DISCUSSION: THE SIGNIFICANCE OF INQUIRY PROCESS AND OUTCOMES AND FOR HEALTH

In Chapter 7, I undertake the second objective of the study which is to reflect upon the significance of the inquiry process and its findings for health. I do this by viewing the findings of this inquiry through the lens of child obesity risk research and health inequalities; of theory about practice and identity formation; and through health promotion theory: participation, empowerment and social justice. I present my reflections in four sections: Practice and Child Obesity; the Social Identity of Mothers; Multiple meanings of Practice; and Empowering Participation.

7.1 The Practice of Feeding the Family and Child Obesity

In this section, I present the contribution this study makes to literature on family feeding and child obesity.

7.1.2 The Practice

In Phase 1, the mothers' explanation of 'Practice' [4.1] is that it is encapsulated in a routine of work undertaken to meet the integrally related needs of their children; and that it is their job as a mother. The many different actions the mothers take are experienced by them in the context of their work, and connected in a pattern they recognise as ordered and repetitive: routine, and conceptualised as the enactment of 'a routine'. Mothers' understanding of practice through their recognition of patterns of experience stands in direct contrast to positivist paradigm studies which analyse and reduce mothers' practice to behaviour which is viewed as being a consequence of personal characteristics and other variable factors in the material and social environment.

Mathematical correlations between factors show family feeding as a complex system [1.8.1]. Use of the participative standpoint in this study has also identified family feeding as a system: a routine of work that is guided and known to mothers'

through emotions and feelings, and which gives meaningful expression to them. Mothers' practice of feeding the family is a meaningful response to the personal, material and social context of their practice which includes the emotional bonds with their children, societal expectations of mothers, and their own good intentions to do the job. Mothers are consciously aware of their good intentions but some of the meanings expressed in their practice are known to them, only in tacit form. This inquiry has drawn out some of the tacit as well as the explicit meanings of practice as presented in chapter 5; and transformed practice to conform to the inherent meanings and values in practice that mothers tacitly cherished: feeding the family as participation with children and in society, as presented in Chapter 6.

The brevity and seeming lack of minutiae in the mothers' definition of feeding the family as being a routine of work which is their job as mothers, might at first make it appear as an oversimplification. However this definition finds an external source of support in the work of De Vault (1991). She researched women's work in the home from the perspective of the social organisation of caring as gendered work. She concluded that for lack of any better way of fully explaining it, it could be best described as 'Feeding the Family' the title she gave to her book. In addition, she noted that poorer women did not neatly compartmentalise aspects of their work when asked about feeding the family and it seemed to her at the time, that they deviated from what she had considered relevant to family feeding. Later however, she reflected back on this and wondered if perhaps what she perceived as the mothers' loss of focus on the subject might actually reflect what it was for them: one difficult task among many.

This study has contributed to an understanding of feeding the family, which is as yet an ill-defined concept in health literature (Vaughn et al., 2013); and where mothers' understanding of it, is conspicuously absent. Mothers' cursory but general definition that feeding the family entails all the work necessary to ensure their children are fed, cared for and kept safe reveals an understanding of the complexity of a practice that lies hidden in routine.

Pattern Model of Explanation for Family Feeding Practices at Breakfast

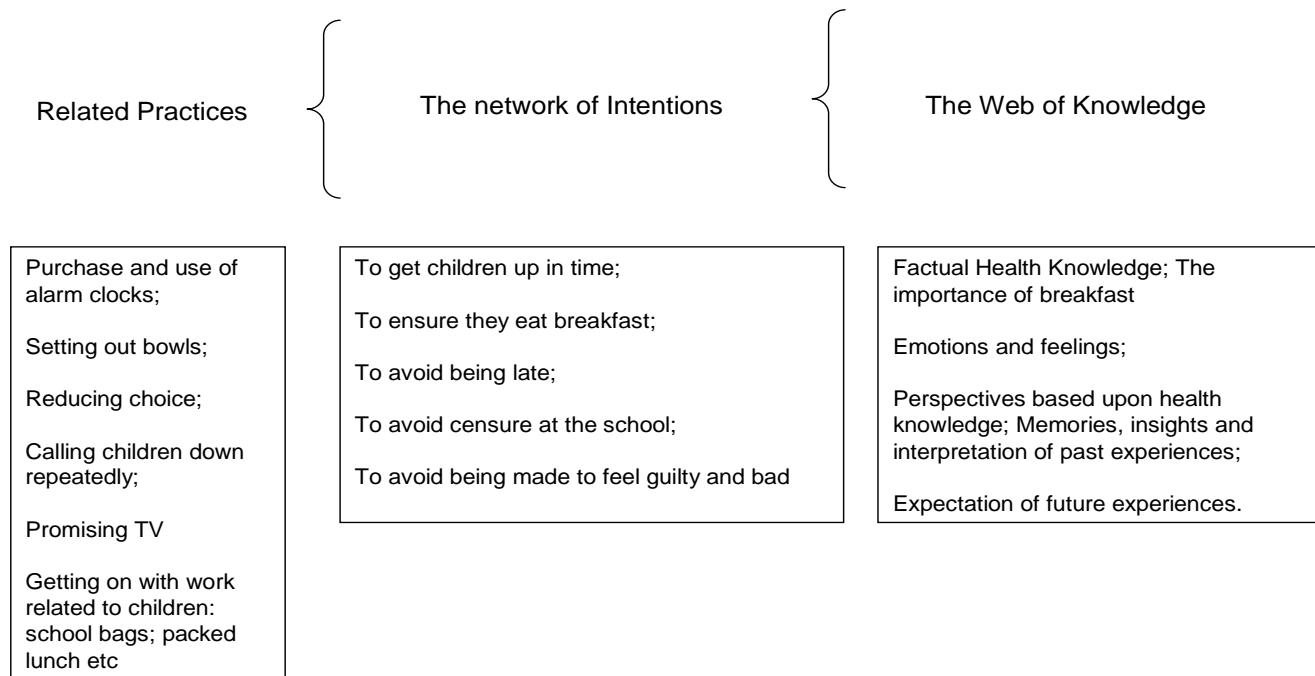


Figure 32 Inquiry Finding: Web of Knowledge, Intention and Strategy at Breakfast Time

7.1.3 Practice as a Tri-Temporal Reality is Resistant to Change

Figure 32 above, shows the web of knowledge expressed in a mother's practice of feeding the family. It has been developed from the data that emerged in the co-created narrative of KC's experience at breakfast time (see Figures 11 and 12). It shows that the mother's practice has roots in many forms of knowing that include health information: the importance of breakfast etc., past knowledge which is known through feeling encounters with memories, and anticipation of the future which have been shaped by past experience. In KD's story, although her practice was consciously enacted to ensure children ate their breakfast on time, her routine of practice was distress driven. She encountered negative emotions when she remembered how she was treated by teachers when she was late for school; and she anticipated a similar treatment should she be late again. Aspects of her routine expressed her desire to avoid distress

The participative reality of feeding the family is tri-temporal. Knowledge that is rooted in past experience creates a mother's anticipation of what action she needs to take in the present. Actions shaped by the past, taken in the present, bring into being her future practice and experience and understanding of it. And so the cycle continues, making a break with the past more difficult.

Family feeding practice does not respond readily to health promotion advice for healthy eating. There has been a downward trend in the purchase of fruit and vegetables, with fewer than 1 in 4 children eating the recommended amount (HSCIC Lifestyles Statistics, 2013). In Cheshire and Merseyside for example, the Snack Right social marketing campaign that was run in areas of deprivation in partnership with Sure Start Children's Centres, was found disappointingly to have made little difference to children's consumption of fresh fruit or vegetables. The majority of those that participated as well as controls were not compliant with 5A Day recommendations (Winters, 2009). However, material circumstances inevitably play a part and obviously should be addressed within the context of the increasing cost of fruit, vegetables and foods in general (Department of

Environment Food and Rural Affairs, 2013). Also it is difficult for low income families to prioritise healthy foods (Department of Environment Food and Rural Affairs, 2012); although the Healthy Start Programme of Subsidised Foods has made some difference (McFadden et al., 2014).

This study contributes to an understanding of barriers to change. The tri-temporal reality of mothers' family feeding practice means that current practice is self-perpetuating. It re-creates the context in which it is tacitly and explicitly seen as meaningful and of worth to the mother. Without new vision for their future, current practice will always hold more meaning for mothers than simple health messages.

7.1.4 Orientation in Practice

The orientation in the mothers' routine was to do their job as a mother: to ensure children were fed, that they ate their food, and were safe from upset and harm. These findings add weight to conclusions reached by Johnson et al (2011a) who found that mothers' orientation in food choices is linked more towards children's holistic wellbeing: keeping them happy, healthy, and well-fed more than towards simple nutrition. O'Key (2011) also noted a distinct lack of orientation to health information in the conversations of mothers about family meals, and she suggests there is need for mother's narratives to inform the public health debate.

This inquiry makes a unique contribution to the public health debate by bringing to it, mothers' co-created narratives about practice and their own interpretations of it. Their co-created narratives reveal that the realities of mothers and of health researchers are worlds apart. The mothers' world is that of work undertaken for their children. It interfaces with, but is not the same as, the world of health in which researchers and practitioners make sense of mothers' practice. In contrast to meanings that mothers endow on their practice as shown in Chapters 5 and 6, third party research interest in mothers' practice, lies its mechanical relationship to what Foresight (2008:16) describe as the body's 'core system engine'

Interactions of Intentions and Practices: Child Obesity Risk in the Family Food Environment

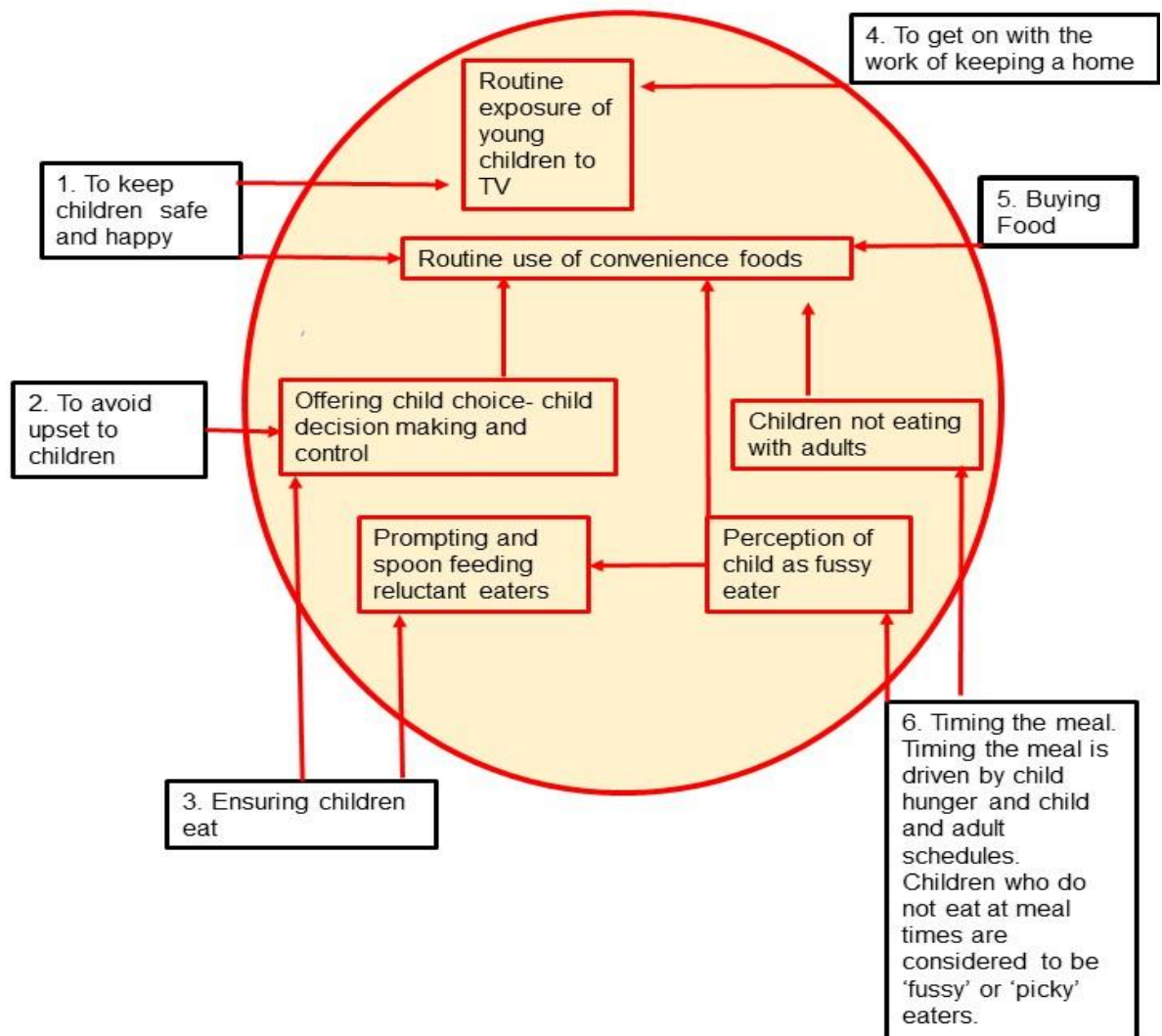


Figure 33 Inquiry Finding: The Routine Exposure of Children to Risk factors for Child Obesity

7.1.5 Child Obesity

Health research recognises controlling behaviours such as prompting and restricting, as strategies used by parents to manage how much, when and what children eat (Ventura and Birch, 2008). This inquiry, as shown in the scenarios of practice [4.2 -4.3.10], indicates that mothers used whatever means they had at hand to ensure children eat. They developed a range of strategies that included using TV to coax or occupy children, using food choices and alternatives to get children to eat, and prompting reluctant and slow eaters.

As a health practitioner with good knowledge of child obesity risk literature, it was impossible for me to listen to the accounts and narratives about feeding without recognising that the strategies used by mothers were often those associated with child obesity risk in health research. This was unsurprising given the high rates of child obesity in this community (Appendix 3); and was not new knowledge for me as my masters' research in the community (Kennedy, 2008 Unpublished) had found evidence of highly obesogenic family food environments. Findings from this study can however, explain how these practices evolve, and why they are maintained. In the sections below, the author contextualises information in the scenarios of routine [4.2.1 - 4.3.10] in the context of child obesity risk research. The juxtaposition of evidenced risk factors with descriptions of mothers' own description of practices, show that the exposure of children to risk, is a consequence of mothers' good intentions to get their job done. The relationship between mothers' intentions for practice and exposure of children to risk, are summarised in Figure 33 above.

7.1.6 Controlling and Instrumental Behaviours and Indulgence

In scenario [4.3.8] KC insists that her child, who quickly loses interest in eating, actually ate at mealtimes. She did it by prompting her, reheating food, and spoon feeding. Hendy (2009) argues that parents' insistence that a child eats at meal times is associated with healthy diet. In scenario [4.3.8] however, it led the mother

to use controlling behaviours. Numerous studies report an association between mothers' controlling and instrumental feeding practices and child weight and overweight (Galloway et al., 2005, Anzman and Birch, 2009, Sud et al., 2010, Stifter et al., 2011, Payne et al., 2011, McPhie et al., 2012, Blissett and Bennett, 2013, Riesch et al., 2013, Rodgers et al., 2013, Bergmeier et al., 2014, Mallan et al., 2014, Rollins et al., 2014, Wehrly et al., 2014). And so a mother's good intentions have led to practice associated with child obesity.

Studies indicate that pressure to eat, as in the scenario above, is associated with food satiety, and inversely with child enjoyment of food (Anzman and Birch, 2009, Webber et al., 2010); and these two child eating traits are thought to be intermediaries in the development of controlling practices which are associated with child overweight (Horn et al., 2011). Coaxing and prompting children to eat was a practice adopted by several of the mothers when their children were reluctant or overly slow eaters.

In scenario [4.3.9], a mother uses treats so that her child would not cry when she separates from her so as to be able to go in the kitchen and cook food. The use of instrumental use of food to comfort children, is however associated with unhealthy diet and child obesity (Horn et al., 2011). Trying to be a good mother in a mother's world is to be pathogenic in the world of health research.

In scenario [4.3.10], the mother's belief in the importance of eating together at table and family mealtimes led to her taking steps to ensure her daughter ate something at the meal. Eating together as a family is associated with a healthier child diet (Anderson and Whitaker, 2010, Skafida, 2013) but in the scenario, the mother describes the child as a picky eater who refuses her food. In order to get her to eat something and to prevent too much disruption to the meal, she offered her quickly made and more acceptable alternatives: convenience foods such as waffles. This maternal concern that a child does not eat enough is inversely related to the nutritional quality of child diet and another risk factor of child obesity (Crombie et al., 2009).

The scenario shows the meal time routine in this family is a repetitive pattern of action and interaction between the mother and the child. The mother's perception of the child as fussy and difficult was reinforced by the child's behaviour, which in turn was rewarded by the mother offering her alternatives that she found more acceptable. This sort of reciprocal influencing between mother and child may help explain why Bergmeier et al (2014) found that maternal stress and perception of the child as difficult to manage, actually predicts child eating fussiness longitudinally. The established pattern of maternal anxious responsiveness to the child's eating behaviour effectively let the child take control of the family experience of their meal which has been shown to be a barrier to pleasant mealtimes for adults (Hoerr et al., 2005). The mother was aware that a pattern had been established that would be difficult to break and said *'I think that's the best way (not asking them what they want to eat) though obviously I've gone the other way but it's too late now...'*³⁴ (EP) [4.5.3].

Some of the scenarios [4.2.1], [4.3.5], [4.3.6], describe somewhat chaotic food contexts which is known to be associated with disinhibited overeating, that is, eating in the absence of hunger (Joyce and Zimmer-Gembeck, 2009). In these scenarios, children as young as two and three years were seen to choose their own foods by telling their mothers what they wanted to eat; or being allowed to choose food from supermarket shelves. In other families, the only foods bought were those that children said they liked and wanted.

Indulgence of child food preferences is associated with higher BMI scores in children (Hughes et al., 2005) and the healthiness of children's diet is inversely associated with indulgent feeding (Papaioannou et al., 2013), particularly among the less affluent (Hoerr et al., 2009). Children, such as some of the very young children in this study who chose what they wanted to eat, may not be exposed sufficiently frequently to the range of new tastes necessary to develop a liking for other more healthy foods. The high fat, salt and sugar content of convenience

³⁴ Reflection that Habit reduces mothers choice of actions and behaviours

foods appeals to the primitive infant taste preferences for sugar and salt, which can then become firmly established as a child's preferences and expectations (Birch, 1990). Furthermore, when a junk food diet has become established by the age of 3 years, the risk of child obesity is significantly higher (Reilly et al., 2005).

7.1.7 Use of Television is an Obesogenic Strategy

TV was routinely a part of the background context in most accounts of mealtimes, as for instance [4.2.1] and [4.3.6]. The role it plays is one of keeping children happy and safely occupied while a mother gets on with her work. One of the functions of TV was shown in the presence matrix of a participant. She wrote of the children: *Watching TV*; and of her feelings: *Happy kids are quiet*. TV is often just part of the daily unfolding of routine. In scenario [4.3.6] for example, as soon as the child came down stairs and asked for breakfast, the TV was switched on for him.

There is an evidenced association however, between the number of hours children spend watching television and childhood obesity; and an inverse association between hours TV viewing and the nutritional content of child diet (Dietz and Gortmaker, 1985, Ma et al., 2002, Reilly et al., 2005, Campbell et al., 2006, Dennison and Edmunds, 2008, Kime, 2008, Anderson and Whitaker, 2010, Starling Washington et al., 2010). The reasons for these associations are still contested but the association are without doubt. This study shows that for these families, the context, in which TV becomes a part of daily life for children, is the context of a mothers' job in which routine use of TV is a strategy to keep children quiet and happy. Research indicates that while mothers are acquiescent to their children's TV exposure, few associate children's screen-viewing habits with potential risk for obesity (Matheson et al., 2004).

The sedentary nature of TV viewing may be what contributes to weight gain. Time spent in sedentary activity as opposed to levels of physical activity have been found to differentiate between overweight and obese children (HSCIC Lifestyles Statistics, 2013). It has been argued that TV may displace physical activity (Brown et al., 2011, Cox et al., 2012, Hohepa et al., 2009). De Jong (2011) argues

however that this does not explain its association with obesity as high levels of TV viewing does not necessarily equate to low levels of physical activity.

The association between TV viewing, sedentary behaviours and child obesity as previously stated is unclear. Interestingly however, when comparisons are made between time spent on TV and time spent on other screen time activities, TV is more closely associated with obesity (Stamatakis et al., 2013). TV is also independently associated with snacking low nutrition and high calorie dense foods (Borghese et al., 2014) and with poor sleeping (Magee et al., 2014), both of which are associated with child obesity.

7.1.8 Exposure to Advertising and Promotion

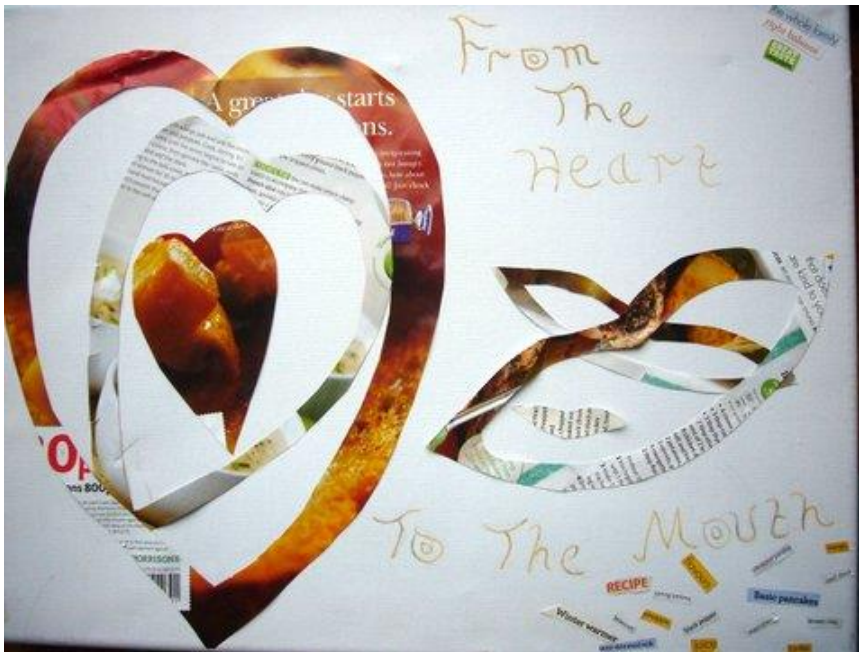


Figure 34 Advertising and Supermarkets are Intermediaries in Mothers' Heartfelt Practice of Feeding the Family

ME's art work above (Figure 34) shows her understanding of how advertising and promotion in supermarkets influence her practice. Of her art work she explained her choice of promotional material in her depiction of her practice. She said: *'I decided to do it wi' them leaflets and things, special offers an that. Ye know what ye always find in ye trolley at the end, like special promotions or them recipes and things, tha' ye pick up as ye go round. I thought it was meaningful, 'cos yeh, t'is*

(practice) from the heart like, but the supermarket is how ye do it. Without them ye couldn't do it...do ye know what I mean? ...'

Juxtaposing the meaning of practice depicted in L' creative art work to child obesity risk it is obvious that mothers' practice of feeding the family could not make children obese without the intermediary of the supermarket. As indicated in section [7.1.6] in some families, even from the age of two years, children's taste preferences were indulged by allowing them to say what they wanted for a meal; or allowing them to select foods off supermarket shelves; or through mothers' practice of purchasing only foods children said they wanted or they knew they would eat. These children and their families are potentially more susceptible to the supermarket advertising of foods for children which involves use of images of fun in packaging. Images in packaging are intended to catch the eye of children in shops and equally to convince parents to buy (Elliott, 2012). Research shows that even at the tender age of two years, children are susceptible to advertising and branding (Livingstone, 2006, Robinson et al., 2007); and despite Government calls for voluntary changes in advertising, unhealthy foods, snack, convenience, fast foods, and sweets continue to dominate food advertisements directed at children (Livingstone, 2006).

7.1.9 Context of TV Viewing

TV advertising provides a channel for the profit motives of manufacturers and food producers to become part of the context of a mother's practice. It invades the sitting room and has potential to invade the child-mother feeding relationship, which literature shows is reciprocally determining [1.2.4] and [1.3.1]. The common assumption that the advertising of foods on TV was the reason for its association with child obesity has been challenged in research that found no significant difference in risk between hours spent watching commercial TV and non-commercial (Beales et al., 2013). It suggests that the context in which TV viewing is increased may also be one that promotes child obesity. Lower SES is one such context in which increased hours of TV viewing and child obesity is prevalent (Boynton-Jarret et al., 2003, Salmon et al., 2006, Coogan et al., 2012). Increased

hours of child TV viewing is also associated with other maternal characteristics which are independently associated with child obesity: lone parent status (Byrne et al., 2011); lower levels of maternal education (Roe, 2000, Chowhan and Stewart, 2007); and maternal stress and depression (Duch et al., 2013). As will be outlined in [7.2.6], mental health is a major health and social determinant (Foresight, 2008) that like child obesity, is consistently associated with the known characteristics of deprivation: unemployment, less education, low income or material standard of living, and poor physical health and adverse life events (WHO, 2000, Patel, 2005).

7.1.10 Implications of practice as Tri-Temporal Reality in Child Obesity Risk

Mothers' routines when viewed through the lens of child obesity theory, paints a startling picture of the density of risk in family homes. It seems that almost every routine action the mothers take to ensure children are fed and cared for, is associated with risk. For a family environment to be made free of risk would require mothers to take a completely different approach to their work. Yet this study shows that the mothers felt unable to stop the way they currently practiced; nor felt free to choose what they wanted to do.

The feelings of being caught in and unable to change routine can in part be explained by its tri-temporal reality. In [7.1.3] routine was seen to create the context in which it comes into being as a meaningful response to what is experienced and known. It is perpetuated by the good intentions of mothers and their strategic actions taken to get the job done. From this perspective, to expect mothers to change routine practice without their practice being given another meaning by them, is to ask them to take meaningless actions. As was discussed in [5.1.1] validation standards and perspectives applied to mothers' experience of routine [chapter 4] shows it to be distress driven. Through use of routine, the mothers' tried not to feel overwhelmed by the expectations of them; by workload and feeling of stress; and by having to deal with children's moods and awkward behaviours. Distress driven practice recreates distress and prevents a person being able take a step back and more creatively manage their situation (Heron, 1996). This was aptly

shown in the presentational piece: clock-woman [Figure 15] where a mother is seen fixed in an endlessly repeating trajectory. .

This study's findings that mothers feel they cannot stop and change what has become established routine family feeding practice, concords with findings in literature [1.8.3] which show that many of the influencing variables in family feeding as behaviour, were not under the volitional control of mothers. The understanding this study gives of routine as distress driven and impairing a person's ability to creatively manage their situation, gives insights into other research findings. It explains the dissonance between mothers' knowledge based intentions and their practice (Kennedy, 2007 Unpublished), and findings that the quality of children's diet is more closely associated with routine feeding habits than with parents' health related feeding goals (Kiefner-Burmeister et al., 2014a).

Health promotion is currently applying increasing pressure on mothers in deprived areas to make healthy choices for family meals as a child obesity prevention strategy. This study suggests why mothers in deprived areas might feel unable to make the necessary changes. Without new enriching experiences to give new vision of potentially different futures in which to act, we 'tramp around the circle of preconceptions that takes us out of contact with reality' (Rowan and Reason, 1981:122). At the end of Phase 1, the mothers' perceived the establishment of routine as being a sign of maternal competency and its performance as necessary for their and their child's good. This understanding embedded them in the disheartening world they currently encountered in practice. It deprived them of fresh insights and new learning about their practice; and about themselves as mothers. In the next section, I outline how the experience of negative identity as mothers can potentially further embed mothers and children in the obesogenic environment.

7.2 The Identity of Mothers

7.2.1 The Attributed Identity of Mothers

Feeding the family is predominantly of interest to health research for its product: child health; and axiomatically therefore, mothers are of interest in terms of their productivity. Labonte (2011) speaks of the stories we make from data, and in the literature review [1.2 – 1.2.11] mothers' poor diet, overweight or obesity, low education, lone parent status; low income, and poor mental health: depression, and associated eating disorders, were all associated with the likelihood that the children they produce are more likely to become overweight or obese. Categorised in this way, mothers are reified in health research through researchers' focus on their attributed identities which are associated with child pathology; and in health and social care services they can become known for their deficit characteristics and need for targeted support.

Categorisations of mothers filter through all health and social care services, as for example in Sure Start where priority groups are identified [2.10.6]. Categorical descriptive terms that apply to mothers make what Wenger (2001) describes as a shared repertoire of resources for health and social care managers and practitioners. We use them to make sense of our work when talking about how to meet governmental targets for outreach and service delivery to those who are deemed more likely to fail standards of good parenting and health without support. My experience is one of common usage of these terms at organisational level and community level in multi-disciplinary multi-agency working that is intended to direct services and reduce the impact of deprivation.

Yet by using such terms we establish individual mothers as representatives of groups that are perceived to deviate from more socially desirable norms of parenting or health. Abel and Frohlich (2012) argue similarly that individuals who have become the focus of 'targeting' in public health, are too often reduced to their behaviours directly relevant to health risks (e.g. smokers, obese, drinkers); and become viewed by society as risk carriers. In my experience, categorisations of

mothers whose practice and personal and social characteristics are associated with child and social pathologies, has created an insidious perception of them as pathogenic, that is, causing health and social problems.

7.2.2 Knowledge, Identity and Community

A person's identity represents the conceptual link between the individual and society; it is self-knowledge as represented to and by others (Tajfel, 1981). The feelings mothers expressed in the inquiry that were engendered through their encounters with people in their day to day practice [4.6-4.11], are the bedrock of their self-knowledge and self-concept. Understood as such, the mothers' self-concept is a social product which Oysterman (2004) argues is developed through relationships with others and what they see in oneself.

Wenger (2001:192) explains how a practitioner's identity is formed: 'through engagement in practice, we see first-hand the effects we have on the world; and discover first hand, how the world treats the likes of us'. Ordinarily, individual mothers do not see themselves as a community of practice, but when seen by others as fitting the characteristics of a particular group of mothers in society, they tacitly experience being a community. They experience being a member of a group of mothers who have some deficit in common which distinguishes them from others. The social identity of the mothers is not just a matter of how they relate to other mothers with whom they may self-identify, but also a matter of the position of their attributed 'community' status in the society that has defined them.

In Phase 1, what the mothers have learned about themselves, their self and social identity is predominantly negative. In pursuing their routine, they are stressed, feel guilt and a sense of failure. They believe they have at least in part, created the distress they experience by failing to achieve their routine; and in so doing experience even more stress which they believe negatively influences their children's moods and behaviours [4.7- 4.7.10]. In their encounters with others, they feel negatively categorised and harshly judged. When children are not well behaved they feel perceived as being bad mothers; they feel that children who are overweight or do not achieve well at school reflects badly on their parenting; some

mothers felt criticised for being young mothers; for being unemployed; even being from Parr made some mothers feel negatively perceived [4.8 - 4.10.6]. The mothers are stigmatised because of who they are, because their own and their children's notable characteristics are associated with failure to meet standards they have had no part in establishing. This creates self-stigmatisation when they are perceived as not measuring up to the dominant ideologies or shared values (Crocker et al 1998).

Mothers' lived experience was of being made to feel 'alien', that is, different from a more desirable norm. For some mothers, their sense of stigma was so real that it influenced how they interpreted everybody's looks and comments. The relatively neutral words of a headmistress pleased to see a happy child, were felt by the child's mother as an implied criticism of her, because the child was seen crying on other days. Another mother's felt experience of being perceived badly by others, was expressed as having heard it said [4.10.2]: *'Sometimes ye can hear them thinkin' it, but a few people do say things' KB.*

Feelings of alienation are an outcome of feeling oneself perceived by others as typifying an undesirable category of people (Wilkinson and Pickett, 2009). Wilkinson (1996: 215) explains it as the experience of a stigmatised social identity and succinctly describes its devastating influence:

"To feel depressed, cheated, bitter, desperate, vulnerable, frightened, angry ... to feel devalued, useless, helpless, uncared for, hopeless, isolated, anxious and a failure : these feelings can dominate people's whole experience of life, colouring their experience of everything else. ...It is the social feelings which matter ... The material environment is merely the indelible mark and constant reminder of the oppressive fact of one's failure, of the atrophy of any sense of having a place in a community, and of one's social exclusion and devaluation as a human being."

Some of the mothers in the inquiry, explicitly recognised their hurt as originating in the way they were treated in societal systems such as schools, and in social

perceptions of them and negative comments made about their children. In layman's terms a mother described the experience of her social identity as a mother of badly behaved children:

'Like it's probably society's nature to comment like that to make themselves feel better. 'Cos I know what you mean like with D. climbing and swinging off the top of lampposts and things like that. I've had that much of it now that I am quite thick skinned. Like when he was a baby throwing a wobbler, effing and blinding on the bus. One big fella made a comment, and it was a horrible commentbut do you know what I mean? It is society's comments that hurt yer and make yer feel bad'.

Mothers' encounters, in a society which fails to take their feelings, emotions into consideration by viewing and responding only to their functional capacities, are experiences of social injustice. Such actions, deny a mother's human capacity for feeling: their 'personhood' (Heron, 1996); and in so doing, fails to acknowledge them as 'fully human' (Freire, 1972). Social injustice predicts the emotions of anger, hostility, resentment and low self-esteem (Cropanzano et al., 2010) which the dialogue presented in this thesis shows are feelings commonly experienced by the mothers. When these experiences become the day to day routine, they create a social environment in which mothers cannot enter into the human dialogical 'I-Thou' relationships of mutual reciprocal respect and sensitivity, which Buber (1937) suggests are necessary for the creation of a true community. When the personhood of the mother is put at risk in society, axiomatically then, the community in which they live is also put under threat.

7.2.3 The Health Implications of Mothers' Identities: Self Esteem

The implications of societal categorisation and stigmatisation of mothers is the calling into question of the full humanity of mothers: when a person is devalued and flawed in the eyes of others their full humanity is being called into question (Goffman, 1963). When we look at a stigmatised person, they elicit emotional reactions from us, such as pity, anger, anxiety or in some, disgust - but the central feature of stigmatisation is dehumanisation (Crocker et al., 1998). The mothers' assertion was that in schools, neither they nor their work was valued; they did not

count; their voice was not heard; and their feelings were not taken into consideration by teachers or school systems. In community, some mothers found themselves the butt of gossip and criticism, and some had been subjected to violence. As self-esteem reflects in large part what others think about us, and for positive self-esteem it is necessary to feel valued (Rogers, 1961, Maslow, 1970), it is unsurprising that the mothers struggled to think who, other than children, valued their work; and some had no confidence in their own worth as mothers.

7.2.4 The Systematic Distribution of Stigmatising Identities

Self-identity is a psychological resource that helps us make sense of our experience and who we are; it is the seat of motivation and affirmation and a constant anchor in the processing of information about ourselves: "the self-concept provides a cognitive anchor, a consistent yardstick, or way of making sense of who one is and therefore what to expect of self and others" (Oysterman, 2004:9). Self-esteem plays a part therefore in developing a sense of coherence which is a salutogenic trait (Antonovsky, 1984); when self-esteem is high, it can protect women's' mental health whereas low self-esteem is a risk factor for depression (Woods et al., 1994). The mothers' imposed experiences of being dehumanised and stigmatised through identities derived from their functional capacities of carrying, birthing, rearing and feeding children is obviously socially unjust. Yet, its systematic distribution in society is so much the norm that we are not aware of it as an injustice that denies some mothers equal access to resources for mental health and motivation.

Psychosocial factors such as social identity and self-esteem are now recognised as intermediary determinants in the pathways through which health inequalities are distributed (WHO, 2010). Paradoxically, mothers are systematically categorised, and experience stigmatised identities, by virtue of living in a deprived area and because they and their children show the characteristic health, social and educational inequalities associated with deprivation: for some of the mothers in this study, a stigmatised identity is the lived reality of deprivation. This research contributes therefore to health inequality literature which contends that the psycho-

social reality (as well as the material environment) influences health by causing feelings of social anxiety and other psychological changes that lead to a disinvestment in social capital, loss of social cohesion and thus poor health (Wilkinson, 1996, 1997, 1998, 2006, 2008). Mothers' stigmatised identity may not only have significance for their own mental health, a key determinant in physical and social wellbeing (Foresight, 2008), but also in the perpetuation of child obesity

7.2.5 Implications for Family Feeding

In the literature review [1.2.8] maternal mental health was associated with feeding practices that increase the risk of child overweight; with child eating behaviours likely to make a child overweight; and with patterns of unhealthy diet in young children. It was also associated with maternal eating disorders which in turn are associated with child eating behaviours: lower satiation, pickiness and fussiness and emotional eating that are related to child obesity. The relationship between maternal depression and child obesity is evidently complex and a subject of debate in health literature as shown below.

7.2.6 Maternal Depression and Childhood Obesity

A systematic review concluded that definitive judgement cannot be made about the association of childhood obesity risk with maternal depression because of limited, low quality evidence (Milgrom et al., 2012). Stronger evidence of association however, has been found in longitudinal studies where repeated episodes of maternal depression over time were identified, and when Child BMI was measured on several occasions up to the older age of 10-11 years (Wang, 2011, Duarte et al., 2012). Risk for child obesity increased significantly with the increased number of times their mother was found to be depressed (Wang, 2011); increased with child age, and was gender related when mothers had severe depression (Duarte et al., 2012).

In [7.1.9] an understanding in literature of a risk context for child obesity that brought together individual risk factors was noted. Maternal mental health may be a part of such contexts. Depression is associated with children's increased TV

viewing and reduced physical activity (Duarte et al., 2012) both of which are associated with childhood obesity. A systematic review of the literature suggests the impact of depression on parenting in areas such as child diet, screen behaviours and physical activity might explain its relationship with child obesity and its increase with child age (Lampard et al., 2014). It also mediates permissive parenting styles (McConley et al., 2011) which are associated with child obesity as well as with low social economic status (Topham et al., 2010).

The stigmatised identity of some mothers in the study with its resulting social anxiety, sense of alienation and difficulty in creating the social relationships that could generate social capital, has been discussed in this section [7.2.4]. Low levels of interpersonal relationships, perceived social support and social involvement (Cairney et al., 2003) mediate the association between depression and lone mother status which is associated with increased risk for child obesity; and they are features of neighbourhood deprivation (Lofors and Sundquist, 2007) where child obesity flourishes. Depression is independently associated with numerous other factors that are independently associated with child obesity: maternal prenatal obesity (Walfisch et al., 2012); smoking (Murphy JM et al., 2003, Hiscock et al., 2012), adult obesity (Faith et al., 2011), low socio economic status (Gopinath et al., 2012), area level deprivation (Williams et al., 2011, Santos and Ribeiro, 2011) and lone parent status (Cairney et al., 2003).

Summary

This study reveals that failing to recognise the personhood of mothers in society where they are objectively reduced to become seen only in terms of their functional capacities has a pernicious influence on mothers, their children and the community. Dehumanisation of mothers through stigmatised identities ultimately dehumanises society turning it into an 'it' (Buber, 1937) world in which mothers are denied fully human (Freire, 1972) relationships. As outlined in this discussion of mothers' identity, dehumanisation of mothers prevents their equal access to the health resource of self-esteem which can protect from depression.

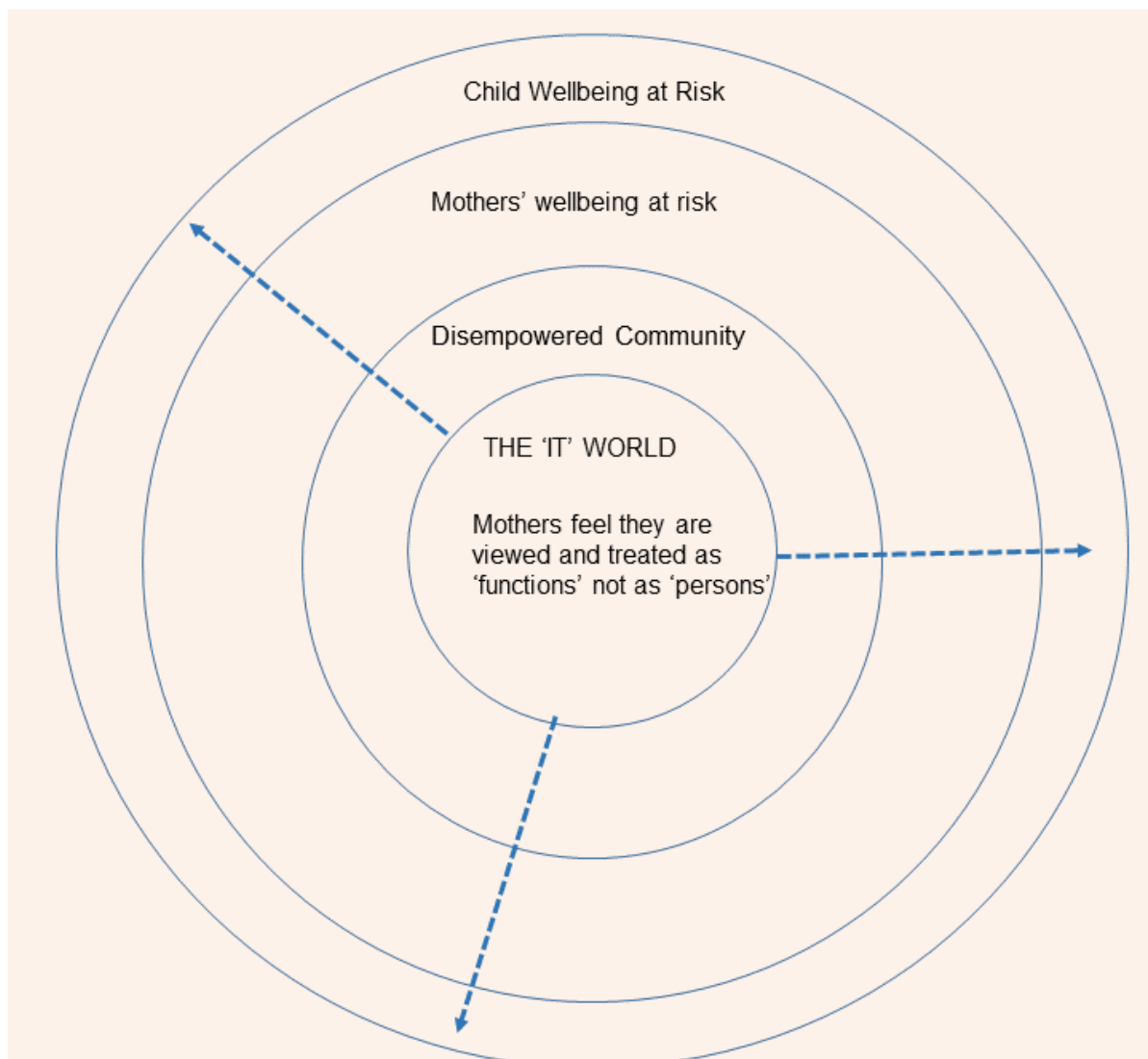


Figure 35: The Pervasive Influence of the 'it' world.

Depression is associated with child obesity and with a range of other maternal variable characteristics such as smoking; permissive parenting; and child TV viewing that are independently associated with child obesity. As summarised in Figure 35 above, the pervasive experience of dehumanisation, of being reduced to an 'it' in the world of others puts individual and community health at risk. Mothers' lived experience of bringing up and feeding a family in an area of deprivation can disempower participation and community cohesion, and put maternal and child health at risk. Lampard (2014) suggests initiatives to prevent childhood obesity

should identify, involve, and support mothers experiencing chronic depression. This research would suggest that a more upstream approach to prevention may lie in a more comprehensive understanding of feeding the family, as practice through which a mother experiences an identity that can jeopardise or protect her health and that of her family and community.

7.3 Multiple Meanings of Practice for Mothers

Health researchers have converged on the context of child health: diet and obesity, to give meaning to their interest in family feeding. By comparison, the mothers in the inquiry began to express individual and more complex meanings for practice when the inquiry and feeding the family itself, was explicitly recognised as being a learning journey [6.5 -6.10]. In mothers' meaning making, feeding the family became seen as a means of making change. As shown in the stories in Chapter 6 [6.5 -6.10] mothers learned different things about practice and about themselves. In contrast to findings at the end of Phase 1, where practice was experienced and known as routine, the endowment of new meanings to practice made it a means of self-actualisation as mothers; and held promise of creating a more valued way of life for their children. I present three explanatory examples below:

For LN [6.5.3] the changes she made started with remembering a recipe from school to use in the Tea Club; and also remembering she had once thought of training to become a cook. She cooked the meal and has since completed her training and gained catering NVQ2. In contrast to her previous account of stressful shopping [4.3.5], she now explains she bought her mince and vegetables as a **treat**. A constant theme in both of her accounts was that she was giving her children the foods she knew they liked and wanted. In health research, the healthiness of children's diet is inversely associated with indulgent feeding (Papaioannou et al., 2013), permissive parenting (Hoerr et al., 2009) and maternal negative affectivity (Ystrom et al., 2012a). I suggest that LN in the short duration of the club, had not had an overnight change in her way of parenting or levels of permissiveness. Through a new experience however, she had glimpsed the

possibility of actualising an identity she valued. The identity of a mother who makes her children happy giving them food they want; and a career identity as a cook. Feeding the family with a cottage pie involved learning skills, but cooking took on a meaning that went beyond the provision of food: career. While reasons to do something can be easily explained, the meaning of practice for a mother, is something less easily described and is sometimes only made manifest over a much longer period of time.

OD [6.5.1] for example, explained she was inspired to develop new practices and make change. She recognised that actions were not based purely on reason, for to feel inspired is an emotional experience that animates and breathes life into a person (Collins, 1962). One of the actions OD took was to reduce the amount of chocolate her son ate. But the value of it to her as a mother that she reported to other mothers, was not child weight or dietary quality (of which I am sure she was aware), but his behaviour which she described as being calmer. Children's behaviour was understood by this mother to reflect how well she was doing in managing her stress through use of routine, as she blamed children's awkward moods on her own failure [4.5.1]. The child's good behaviour which the mother attributed to reducing his intake of chocolate and substituting it with fruit, potentially reduces her experience of stress and self-blame. Interestingly positivist research has found that mothers' low mood and self-blame (termed negative affectivity) is associated with poor child diet (Ystrom et al., 2012a) and with maternal depression (Gross et al., 2013). Reducing chocolate intake, for whatever reason, appeared to make a child calmer, which is a valuable outcome for the mother, and a reason to continue the practice.

DY [6.5.8] had a grim childhood. She recalled her childlike dream to have a good mother whom she envisaged would welcome her home from school to a freshly baked golden pie. Her goal in the Tea Club was to learn how to make pastry but the meaning of her newly learned skill is that she has become the mother for her children, that as a child she wanted, but never had.

7.4 The Art of Feeding the Family and Creating Community

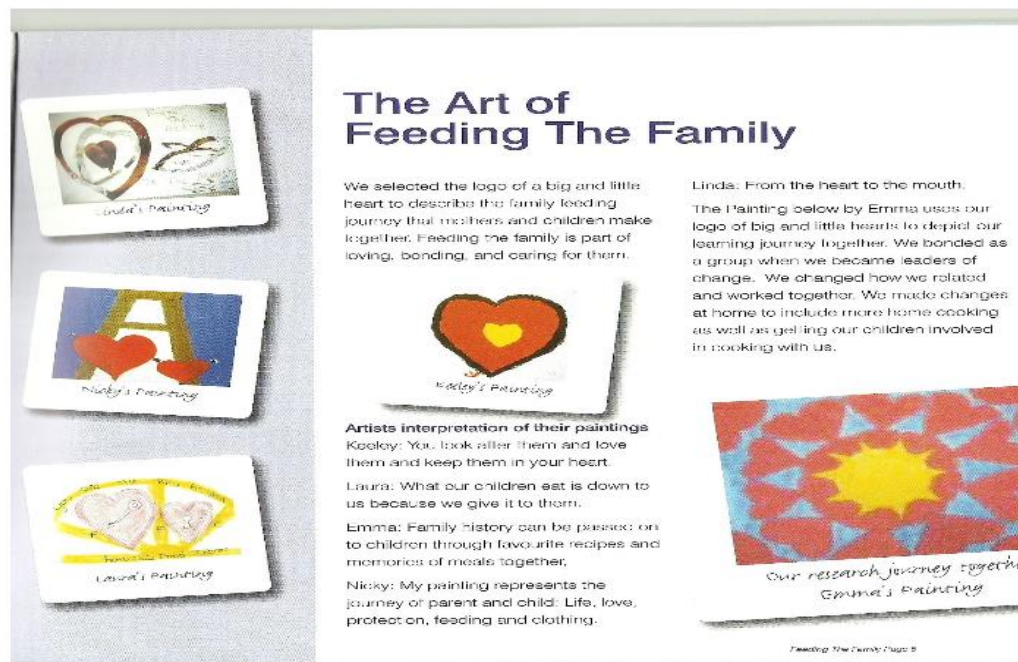


Figure 36 Feeding the Family is a Heartfelt Practice

In this chapter I have reflected on inquiry findings for the significance they may hold for health theory. Key to that discussion is the different worlds in which health research and mothers give meaning to the feeding of family. Feeding the family and ways of doing it were personal, and while mothers had knowledge of healthy diet, and presumably it was one of the multiple meanings food held, it was never the one expressed as giving worthwhile meaning to practice. At the end of the inquiry, the mothers' presentations of Feeding the Family (Figure 36) reflect the integration of their feelings and emotions with their practical actions, this stands in contrast to what had previously understood as the mechanical enactment of routine, depicted in Clock- Woman (Figure 15). Their art work shows a more conscious awareness that feeding the family is imbued with meaning far beyond that of just stoking a metaphorical 'core' engine (Foresight, 2008:16). The mothers explained that it involved a matter of the heart: *'Feeding the Family is all part of loving, bonding and caring for them'* (Extracts from the mothers published text), Feeding the family is a practice through which mothers and children and members

of community are brought into relationship with each other (see Figures 27, 28, and 36). Transformative learning in phase 2 of the inquiry not only changed practice in relation to family food but also changed the experience of participation making it more empowering.

7.5 Empowering Participation and Community

The benefits of participation are seen to extend to individual: psycho-social empowerment, that increases self-esteem or confidence, and to the community (Labonte, 1998) and can reduce health inequalities (Wallerstein, 2006) The inquiry findings in phase 1, as shown in the discussion of Mothers' Identity [7.2], reveal however, that mothers' experience of participation did not empower them or their community. It is recognised that empowering participation: 'is messy, takes time and escapes definition' (Nelson and Wright, 1995 cited Morgan, 2001); and it needs to be created (Guareschi and Jovchelovitch, 2004) taking care not to further embed power inequalities already present in a community (Cook and Kothari, 2001). It involves issues of confrontation and power (Rifkin, 2003) and an appreciation of the values and beliefs of community members who may have become apathetic through alienation (Dixon et al., 2005). But the practical skills of empowering participation are less well known than the theory about it.

In this section, I present empowering participation as the creation of socially just knowledge which was brought about through change in six domains of encounter: intra-personal, inter-personal, imaginal, symbolic, social and structural (see Figure 37). Adopting Winter's (1998) suggestion that theories can be drawn upon to speculate on the meaning of what was observed in an inquiry and the data it produced, I draw upon theories of learning and knowledge, and spirituality in the workplace to explain the five dimensions of work involved in empowering participation. The five dimensions are: the work of overcoming historical oppression; the work of understanding alienating behaviour; the work of belonging; the work of a meaningful job; and the work of just knowledge creation.

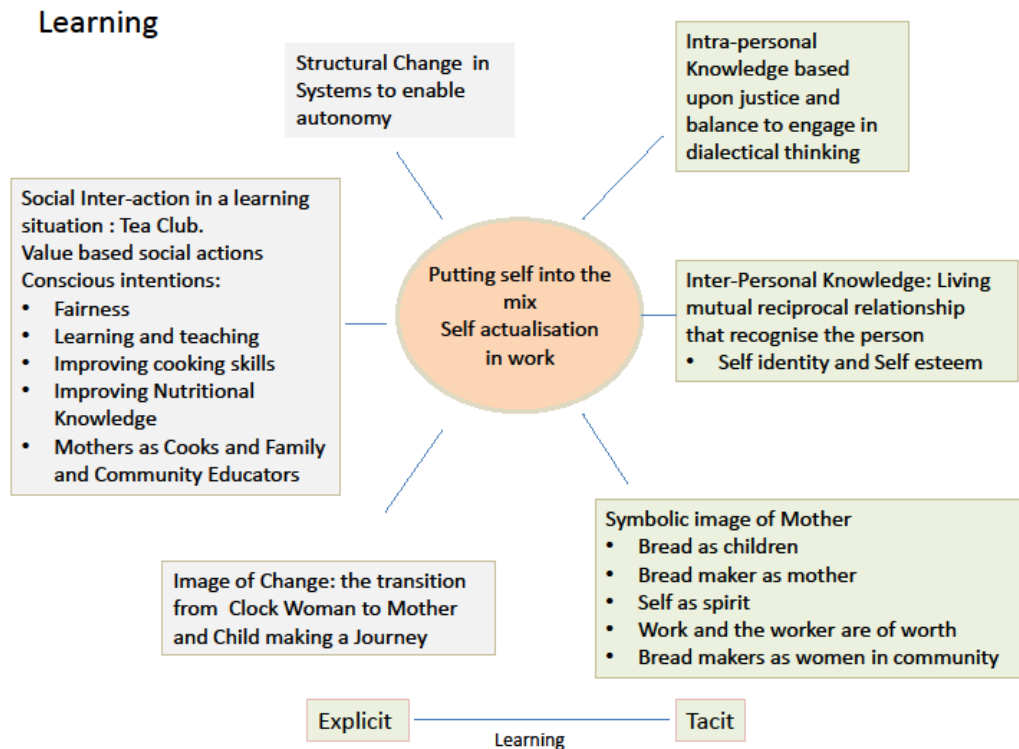


Figure 37 Domains of Participation in the Inquiry

7.6 The Work of Overcoming Historical Oppression

Past individual and community history can oppress participation. They create assumptive lens (Mezirow, 1991), which prevent individuals in a group from being sufficiently open to each other in the present, so as to learn anew what it means to be present now, with others. It allows dominant ideologies which are frequently means for domination and power (Foucault, 1980) to become the unquestioned normative thinking (Gramsci, 1971). The living method of participation has already been presented [2.7] as means through which historical oppression can be addressed. It shows empowering participation is not endowed on one person by another, but requires mutual reciprocal personal encounters to overcome categorical thinking.

As suggested by Freire:(1972)

‘the oppressor as person can only become liberated (in the act of liberating those he oppresses) by an act of solidarity with the oppressed which requires him to stop seeing them as representing a category but as other persons. True solidarity of this nature, is an act of love. The liberation has to be verifiable in action; the concrete situations that beget oppression also have to be transformed. This is human praxis’ (Freire, 1972:31)

7.7 The Work of Belonging to Community

Being part of a community is experienced as a sense of belonging (Jewkes and Murcott, 1996, Wenger, 2001) which is created in a community of practice through: Engagement, Imagination and Alignment (Wenger, 2001). In bread making the mothers actively engaged in practical action and discernment of its symbolic meaning; they imagined a community in which mothers are strong women and their practice deemed to be of worth; and they aligned their new practices in the Tea Club with the community they had imagined, making it a reality.

7.7.1 Engagement in Meaning Making:

Practitioners’ engagement in the negotiation of what their practice means, enables new learning about the practice, and its attendant relationships (Wenger, 2001). It is the necessary context in which new social identities can emerge from social learning. When the meaning of a practice is defined by those with power on the other hand, social learning through practice tends to reproduce the status quo (DePalma, 2009). I hardly need to draw parallels between those two situations with the position and experience of mothers in society as shown in this study to date.

Symbolic Meaning

I distinguish between use of symbol and imagery in the inquiry. The imagery produced by the mothers in their art work and poetry, enabled them to capture

meanings of practice that were derived from their past experience. Examples already discussed are depictions of a mother caught in a routine: Figure 15; and Community: Figure 28. Bread and Bread Making on the other hand, took on symbolic meaning for the mothers that originated in the values they cherished and aspired to realise. In bread making, mothers began to negotiate the real worth of bread in ways that related to their identity as mothers in the family and society. In Figure 38 below a participant's comment shows bread can become symbolic of children; and the role of bread maker became symbolic of being a mother.

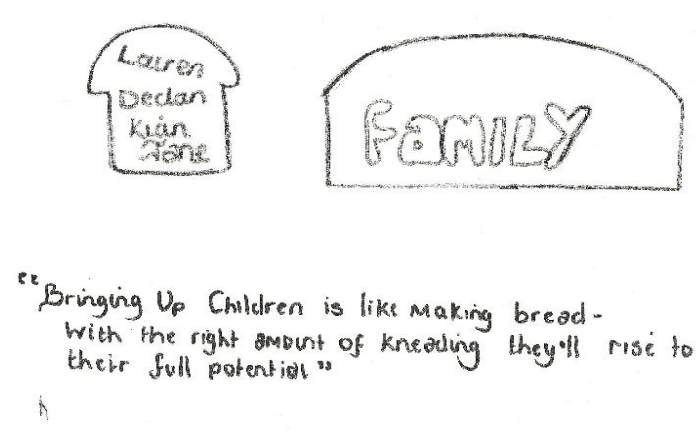


Figure 38 Symbolism of Bread

In Figure 26, Bread and Bread Making had become symbolic of the journey being made by a Mother in relationship with her child. Boyd (1988) argues that self-knowledge, or knowledge of ourselves and the world is largely mediated by symbols, rather than directly through language, and that symbols are powerful images because they represent at an unconscious level, deep seated issues or concerns that have been evoked though study of a content or subject matter. For participants in this study, feeding the family, touched upon what it meant to be a mother.

Past childhood experiences and ongoing family issues were concerns for some participants that the inquiry was not designed or equipped to address. The symbol of bread and bread making provided us all with a safe way to discuss what was missing in the community and in their life as mothers, namely respect for them as

mothers; and valuing of their work. Bread making provided a practical means through which mothers could achieve and experience what they valued in practice.

I stress that this aspect of the inquiry was not an example of in-depth psychology, in which work would have been undertaken for symbolic meaning to become more explicit. I was however, aware of and able to encourage tacit learning and experience of motherhood in the enablement of bread making; and by celebrating mothers' newly learned skills and competencies of participating with children and community. Developing feelings of pride lies at the heart of the process of self-identity; they are the ways we internalise how we feel seen and valued by others; they are related to self-esteem (Scheff, 1988).

The Spirit of Motherhood

Rowland (1997) explains personal empowerment is a person interacting with her environment and making things happen. By putting something of themselves into the practical work of making bread [6.1-6.3] the mother transformed it into a vehicle of self-expression that led to positive experiences of participation, and a potentially better future for her children. Fox (1995:5) suggests that although we perform work in the world and then experience it; it is also the other way round, it "comes from inside out". Work is self-expression of our non-material self, our soul, or spirit. The dictionary definition of spirit is the immaterial part of a person, the seat of motivation and emotion (Collins, 2003). In fact this definition of spirit, is remarkably similar to Oysterman's (2004) description of self-identity which is also described as being the seat of motivation and affirmation. Applying Fox (1995:5) 'inside-out' understanding of work, means that what mothers put into their bread to transform it, was their spirit, which I term simply the 'spirit of motherhood' .

Freire (1972:82) described human beings as praxis, saying they reflect on the world to transform it: *'They not only make material products but they change material substance into thoughts, ideas, concepts, and also social institutions'*. I suggest that the mothers in this inquiry achieved something more in their praxis. The thoughts, ideas, social concepts etc., which Freire (1972) suggested were outcomes of a transforming praxis, are reified products. In contrast, the 'spirit of

motherhood' is invested in a reified product: bread, giving it a value greater than its material properties; and her actions animate new and more positive experiences of participation with children and others in her world.

7.7.2 Imagination

The Symbolic Meaning of the Community Oven

It is through imagination that we see our own practices as continuing histories that reach far into the past, and it is through imagination that we conceive of new developments, explore alternatives, and envision possible futures (Wenger, 2001:178). One of the outcomes for bread making was a sense of reconnecting with the past and with past values of a community in which knowledge and skills were passed along among members [6.2.8]. The mothers imagined a past community of women who met in a bakery and shared ideas and supported one another. They envisaged living in a community where knowledge and skills were valued and traditionally passed between ordinary people, not through those in authority over them. This image was based upon very little factual detail: just a small fragment of a local story, but it provided the group, with an image of strong mothers who had self-esteem in a society that valued them.

Murphy (1999), describes all human beings as visionaries because we cast an image into the future; an image in which we then take form. When the mothers got together and said they wanted their Tea Club to be like the bread making [5.7], it carried more meaning than what was explicitly said in their words. It tacitly acknowledged the image of mothers with self-esteem who lived in a society more valuing of them; and this was part of what they aspired to achieve in the project of worth: the Tea Club.

The language and processes of critical reflection (Mezirow, 1991) are not suited to working with these extra-rational, unconscious processes and dynamics, which are better approached through the language of the imagination, expressed through images (Dirkx, 2006). I felt that the symbolic meaning invested in the Tea Club would not survive cold logic, or an analytical approach. I fostered its meaning

making potential, allowing it to germinate, by keeping the image alive in conversation with and between participants; and in a small local history research project. When the St Helens Local History Archive was unable to find more information about the bakery, we made use of the local press and social media, to make contact with an older person whose mother had used the bakery; and then made contact with a descendent of the bakery owner who provided us with a copy of a leaflet advertising public baking days (see Figure 39).



Figure 39: Community Oven

As we strived to find out more about the old bakery, we simultaneously strived to make its meaning manifest in the Tea Club, which became the place in the here and now, where the mothers could experience bonding, preparing food and teaching each other valuable skills.

7.7.3 Alignment

Through alignment of our energies individually mothers became part of something bigger, in which each person played their part. Because alignment concerns directing and controlling energy, it likewise concerns **power**: ‘the power over one's energy to exercise alignment and the power to inspire or demand alignment’ (Wenger, 2001:180).

Inspired through an image of a valued community where mothers mutually and reciprocally enabled each other, the women experienced empowerment to collective action: power within, in the way they ran the Tea Club. The Tea Club is the world where mothers’ conscious and tacit learning met. They tacitly learned to be a true community aligning their practice with their image of past mothers

educating and empowering each other. They acted with conscious intention to learn from and enable each other, and to relate to each other in ways that were explicitly fair. Health education knowledge and technical skills are used to make healthy meals; and mothers became cooks and community educators. Children and mothers all sat down together to eat the meal they had prepared: the meal was a community event.

7.8 The work of understanding alienating behaviours

Wenger (2001) suggests that developing a practice requires the formation of a community whose members can engage with one another and acknowledge each other as participants, and as a consequence, this entails a negotiation of ways of being a person in that context. Whether they talk about it or not, she argues, they deal with it in the way they engage in action with one another and relate to one another: "Inevitably, our practices deal with the profound issue of how to be a human being" (Wenger, 2001:149). In this inquiry, the encounter with the young East European mother [5.8] instantiates a negotiation of what it means to be a human being in practice; and the changing meaning of what it meant to be human in this study.

7.8.1 Local Knowledge

Out of so called 'respect', some mothers in a group session, did not engage in conversation, kept their heads bowed and would not meet the eye of a mother who was different, and who had dared to be different by assuming a leadership role. Guareschi and Jovchelovitch (2004) suggest that the law of silence is a barrier to communication imposed by a community to protect themselves: it protects their identity and their control of the contact. In this situation refusing to look upon the face of Eastern European mother, participants tacitly denied her human right. A person's suffering is portrayed in their face, and by refusing to look at her or meet her gaze; her right to communicate her suffering to those whose behaviour brought it about, was denied. This 'limit situation' (Freire, 1973) had prevented genuine personal encounter and leadership development in this inquiry. In action that

inflicts pain but will not look upon the suffering it causes: the pain of alienation is silenced.

There is an increasing call for actionable knowledge related to social problems (Beer, 2001) but as was the case here, it can only be learned from within that situation (Shotter, 1993:7, Shotter, 1997). Most community knowledge is non-linguistic, tacit and generated in practice (Mohan, 2006) and the knowledge of how to silence and the experience of being silenced was tacitly known and practised, not done with conscious intention. When made explicit, local knowledge can facilitate critical social awareness and the ability to plan and act (van der Riet, 2008). In the dialogue following the event what had previously been silenced was articulated, a characteristic of action research (Reason, 2004). When participants saw the suffering of the young mother, they immediately recognised their practice as being unfair to her. The new consciousness of potential unfairness of previously unquestioned behaviours, ultimately transformed social interactions in the Tea Club.

7.8.2 Social Capital

For some participants, this experience led to an on-going critical reflection on their practice and experience of participation in other groups they attended. One mother explained that though she had been attending an activity in the children's centre with some of the other participants for almost a year, she had never before spoken to them. She said, *'I just thought, "well I've got my friends and they've got theirs" but it makes you realize now ... it was a bit strange...'* (OD)

The model of leadership: teacher-learner that the mothers developed after this incident is a model of social justice leadership (Yorks et al., 2007). I was able to withdraw from attending the group as the infrastructure of leadership was in place to foster the growth of new community practices [5.8 -5.8.1]. Participation in new community practices enabled the mothers to gain confidence in each other that promises would be kept and behaviour maintained: this is how trust is defined and developed (Goudge and Gilson, 2005). The mothers learned it from their experience of the practical cooperation necessary to cook a meal as a group, for

them and their children. They agreed the weekly menu in advance and planned the tasks ensuring everyone contributed something and rotated responsibilities: shopping, food preparation, bringing utensils, working in the kitchen, clearing etc. Co-operative working such as this is an outcome indicator of social capital (Uphoff, 2000).

Relationships that help the process of 'getting by' in daily life can be described as 'Bonding Social Capital' (Stone, 2001) and the women said they felt they had really bonded. When a definition of bonding social capital is applied, The Tea Club can be seen as a vehicle for the creation and experience of bonding; and bonding relationships act as transmission of behavioural norms through provision of mutual aid, support, and communication exchange (Cullen and Whiteford, 2001).

7.9. The Work of a Meaningful Job

Work can be understood as any activity or effort, paid or unpaid, that is directed toward accomplishing or producing something that fills a societal or organizational need (Dik and Duffy, 2009). In Phase 1, their job, as experienced and understood by the mothers, met few of the criteria of meaningful work: autonomy, moral correctness, achievement related pleasure, social purpose, recognition, and positive relationships. Transformative insights into their practice however, made it more meaningful.

The moral purpose of their work was strengthened in the exercise of their autonomy. The mothers took action to avoid giving children chemicals by choosing to make bread, and later to cook from scratch; they engaged in teaching the skill to their children and later in skilling others in the community. Some went further and began to grow vegetables and keep hens and supported other families to do the same. They gained recognition from each other that their work was of value in the Tea Club. In addition to producing good food, their work became a means of positive relationships with children and community and in so doing, enabled the mothers to experience a more positive self-identity. In being able to recognise them-selves as bonding and as a community, their work took on social worth.

The social worth of their learning and practice was confirmed for them when the Parr Neighbourhood Renewal Scheme approved the submission of their application for funding to write and publish their report of the inquiry and its outcomes for them as a 'Story Recipe Book' to be used as a health resource for their local community. Their proposed project was approved as a legitimate public health improvement initiative which meant that the mothers had become health activists in their own community.

7.10 The Work of Just Knowledge

The Knowledge Generation Circuit (KGC), Figure 40, is an explanatory model designed by the author that is based upon Heron's (1996) circuit of knowledge in which he explains the psychic processes of knowledge creation. The KGC represents the transformative insight I gained in the inquiry of being a living episteme. I see myself as a co-creator of the world I come to know which is influenced by choices I make about the ways in which I come to know it. This study from its inception to conclusion has been a personal choice of knowing the world, particularly the mothers in the inquiry, in a more socially just way. KGC contributes to methodological learning in co-operative inquiry by portraying knowledge creation as a series of socially just actions: Intentional Action which is Practice; the Act of Perception; and the Act of Conceptualisation. All of these actions can become acts of Justice or Injustice.

Intentional Action: Practice

My research practice involved a conscious choice of the participative standpoint in which, when compared to third party research, mothers are respected as autonomous persons as opposed to being subjects of others' interest; and their actions are understood to be personally meaningful practice as opposed to behaviour. In the living method of participation [2.7] I became aware of the divisive categorical way in which I looked at the mothers which reified them and recreated

social relationships in which I held the power and authority. I chose to develop more unitive concepts in my way of reasoning and unitive actions which drew us together on a more equal footing and which nurtured self-esteem and leadership. It changed how I felt about the mothers and my experience of being with them.

The Act of Perception

This psychic process of perception necessarily involves an act of reflection. The mind feelingly encounters imaginal patterns of relevant historical experience in order to classify present experience in relation to what is already known (Heron, 1996). Assumptions (Mezirow, 1991) and habituation in ways of feeling (Shotter, 2009) and in ways of categorising (Heron, 1996) make it more likely that we perceive present experience as fitting a pattern we already know exists. Paying heed to experience is a key inquiry skill [2.2.5], but to achieve transformative insights, extraordinary perceptual heed is required so that routine ways of perceiving and understanding are not allowed to constrain psychic awareness of what is present in the here and now.

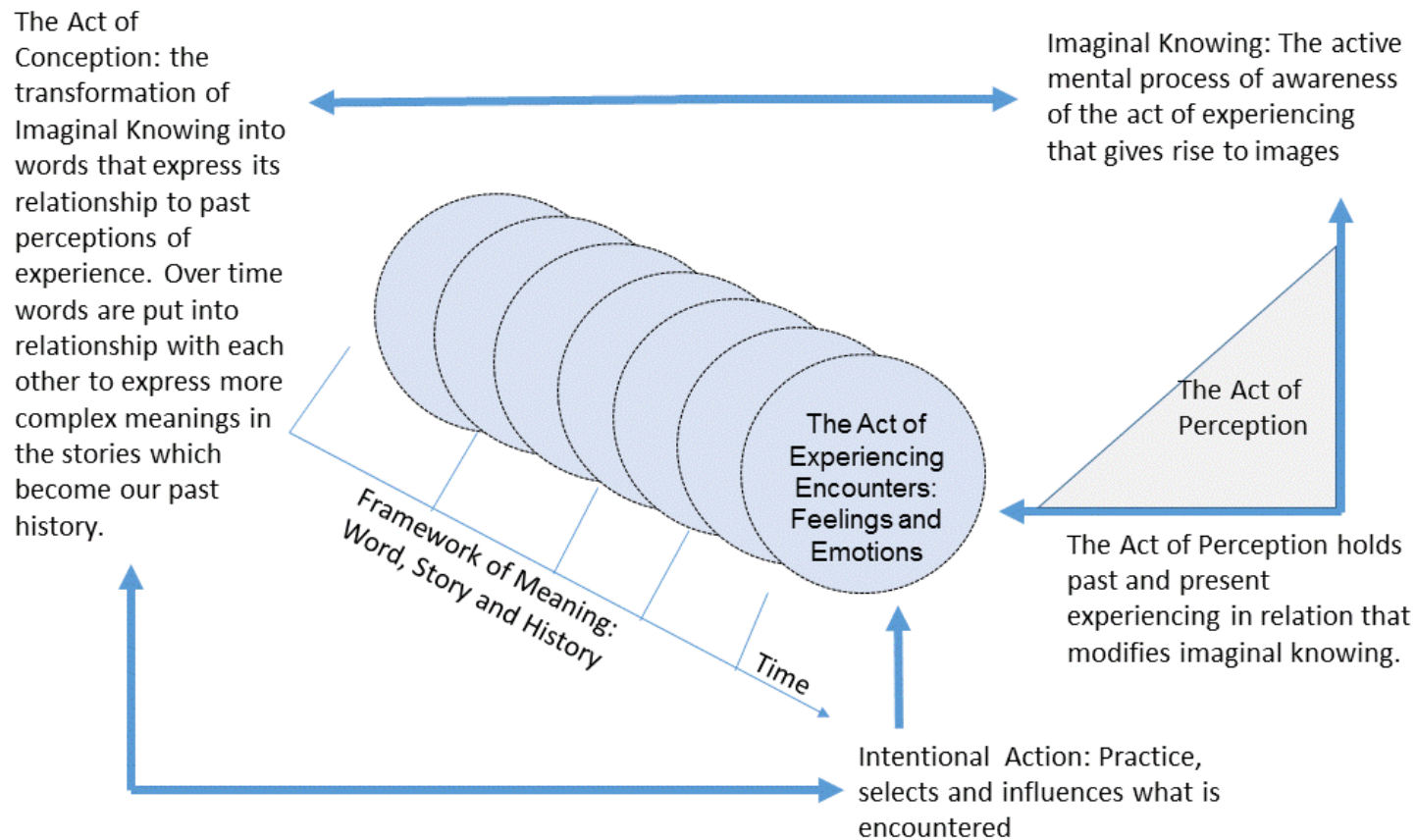
Extraordinary perceptual heed allows the formation of new imagery and insights that more adequately express what is present in new experience. Two examples of radical perception have been given in the thesis [5.5.3 - 5.5.4]. My insight of the mothers in bread making allowed me to see them anew. Up until that point I only knew them through the assumptive lens of my profession in which stigmatised identities attributed to them; now I was able to perceive them as capable practitioners. I intuitively knew that in their capable hands a new and more positive reality could be born. My new understanding of myself as a co-creator of reality: A Living Episteme, gave me the courage to recognise my intuition as a capacity, through which to work in the tacit reality of relationships. Practice in the tacit realm of knowledge is a real and valuable work of empowerment that can complement more explicit forms of empowerment and structural change.

The Act of Conception

Words in which we conceptualise the world are ‘vessels dipped in the sea of sensations’ (Kolb, 1984:43), they are loaded with emotions and feelings which connect us in an ecology of minds (Bateson, 1972). Stories become ways of seeing and living in the world (McAdams, 1993) but words as shown in [7.2] can be injurious because they can adversely influence how people see and act towards each other; and how a person ultimately comes to feel about themselves. They create the influencing context of mothers’ practice and hold potential for fostering or undermining their health. In this study, my introduction of the new words: potential and leadership into my day to day vocabulary, made them the means through which I viewed and ultimately came to know the women as mothers in their families and leaders in their project.

In the next chapter, I conclude the study by summarising the key findings of the research and drawing out the unique value of this study to literature on mothers’ family feeding practice; to the methodological learning with respect to co-operative inquiry; to policy; and to health practitioners.

The Knowledge Generation Circuit – Generating Knowledge through Practice



Four Actions in Knowing: Intentional Practice; the Act of Experiencing as Feelings and Emotions; The Act of Perception; and the Act of Conception

Figure 40: Knowledge Generation Circuit – Living Episteme

CHAPTER 8

CONCLUSION

This study has made use of the 'Participative Standpoint' as a theoretical framework for mothers' exploration of their family feeding practice. Its findings therefore do not just build onto what is currently known about the topic, but also make the body of current knowledge more epistemologically sound by bringing to it a new genre of knowledge: the lived reality of a mother's practice. The thesis complements, and also challenges how family feeding is currently understood because it shows that through practice, mothers encounter and come to know their world and themselves in relation to it. This axiomatically brings a new perspective on 'Area Level Deprivation' which in current health literature, is better known in terms of the prevalence of measurable variables in a community. Insights gained in this study indicate that the lived experience of deprivation is given personal meaning by mothers of young children that can alienate them from their work and society and in so doing, put the health of children, mothers and community at risk.

Family Feeding as 'Practice' is Salutogenic

As evidenced in the literature review, family feeding is of interest in health research for its pathological potential in the aetiology of child disease, particularly child obesity. The singularity of the pathogenic perspective is not acknowledged by third party researchers as an outcome of their own interest in disease. It has become the way of looking at family feeding by those involved in policy formation and health strategy. The Co-operative Inquiry reported in this study is to the best of my knowledge, the first of its kind undertaken in an extremely deprived area in the NW of England. It involved mothers as researchers of their own practice and as they became empowered to make their practice congruent with values they cherish, its true salutogenic potential emerged. When feeding the family took on the characteristics of a meaningful work for these mothers, it became a means of their self-actualisation as mothers of their families and as women in society.

Feeding the Family: Practice as opposed to Behaviour

The first research question asked how mothers would describe and explain their practice and what meaning it held for them. From the inquiry findings, I concluded that while mothers and health researchers purportedly research the same subject: mothers' practice, in reality they are exploring it in two different worlds: the world of health science; and the lived experience of work.

In contrast to the reductive approach of health and social science, the methods employed in this study, revealed that mothers' practice is an ecological reality that spans across space and time. Their practice of meeting the recurring cyclical needs of their children for food and care connected the mothers to the material reality of food production and food provision; and to the social reality of participation with their children and others in their community. A participation that was influenced by the mothers' own personal experiences and the meanings they made of it; and that of their community.

This study has shown that feeding the family is a practice that expresses multiple layers of meanings that are formulated tacitly and explicitly in relation to past experience. In the simple example of a mother trying to get her children up early enough to have breakfast before school, her actions can be seen to be meaningful in relation to the knowledge she consciously held about the importance of breakfast (health knowledge) and to her knowledge of societal expectations that she would feed her children and send them to school on time (knowledge of social role). In her reflections, she also became aware of the tacit knowledge upon which she acted, namely her past experience of being late which led to humiliating treatment that made her feel she had failed to meet the expected standards of behaviour (knowledge of social identity).

This study shows that a complex web of knowledge is given expression in a mother's practice through which she is connected physically, socially and emotionally to the world (people, places and things). Practice as an ecological reality is a system of knowledge generation: participation and reification. Mothers' participation in their world through their feeling and emotion; and their reification of the world they come to know in words, ideas and actions. Viewed in the way, health strategies developed from Choosing Health (Department of

Health, 2004, 2005b, 2005a, 2007, 2008a, 2011a) that seek to enable mothers to change their practice without first empowering them to understand their world differently, seem somewhat naïve and superficial.

The tri-temporality of mothers' family feeding practice which emerged in this study can in part explain its resistance to health information and advice for change, even when a mother wishes to make change. The human skill of being able to anticipate the future based upon prior experience enables the development of a sense of coherence (Antonovsky, 1984); which in itself is necessary for a person to feel in control of their own lives. As shown in this research however, the need to maintain coherence in the stressful social situations in which the mothers managed the conflicting demands of their children's needs, led some of them to cling to the security of established routines of practice even when it perpetuated their stress. Distress driven practice makes it difficult to achieve the more objective reasoning approach necessary to make changes in practice (Heron, 1996). Mothers, who are already struggling in difficult situations, will feel as did some mothers in this study: unable to stop and choose or change established routines. Established routines of family feeding which in this study were shown to inadvertently expose children to risk factors for obesity, may be perpetuated because they are driven by mothers' good intentions as well as distress.

The Paradoxical Relationship between Health Research and Health Inequalities

This study has shown that society's application of reductive analytical knowledge to mothers' practice which is a lived experience, stigmatises and dehumanises the least powerful and most vulnerable women. Social expectations for mothers and their children to meet standards they have had no part in setting, brings to those who appear to fail, the harsh judgments of others and self-blaming, guilt and low esteem. For some mothers in this study, a stigmatised identity is the lived reality of deprivation. It alienates them from their work as mothers and from others in society and puts their health and that of their children and community at risk.

It requires little stretch of the imagination to recognise how a mother's practice might be influenced when a stigmatised identity which results in low moods and low self-esteem is coupled, as it was in this study, with a belief that a good mother should be able to protect her child from upset; and when children's smiles and affection was a sign for a mother that she was at least doing something right. It might appear to be a simple choice for a mother to refrain from the obesogenic practices of indulging child choices and child taste preferences; and from use of food and TV to keep children happy. When a mother is without adult social support or anyone other than her child to affirm her worth as a mother, these choices are less simple. Such mothers are dependent on their children's smiles for their self-affirmation as mothers. Practices seen in child obesity risk research to put children at risk, may be the only means by which a mother can, by using more intuitive measures, judge herself positively, *'When yer kids are happy ye know you've got it right ...'* (LN).

This study has highlighted a major paradox: third party research and health and social care approaches that categorise mothers for their and their children's deviancy from more acceptable norms, may inadvertently perpetuate health inequalities by undermining the self-esteem of mothers living in a deprived area. Low self-esteem is associated with maternal depression which is prevalent in poorer communities; and with child obesity which is also prevalent in deprived areas. These findings lead the author to recommend that the important concepts of health promotion: participation, empowerment and social justice should be integrated as validating standards in health and social research. This study has shown that knowledge about mothers' practice based on third party analysis and interpretation and not informed by mothers' own experience and interpretation, has an inherent potential to be unjust and oppressive to mothers and to put their and their children's health at risk.

Transformative Learning as a Means of Promoting Health

The second research question asked what mothers' learned in the inquiry. A unique contribution of this study lies not only in the elucidation of what they learned about routine in Phase 1 of the inquiry, but also, by presenting transformative learning, it shows the temporality of mothers' practice and its relationship to the meaning it holds.

In Phase 1, the mothers felt unable to publicly proclaim that they work, yet feeding the family meets Morin's (2004) definition of work which includes any activity or effort, paid or unpaid, that is directed toward accomplishing or producing something that fills a societal or organizational need. A society that fails to 'own' its children and mothers, fails to recognise that mothers are fulfilling a prime societal need: the feeding of its children. In so doing, society denies the meanings inherent in a mother's work, making it meaningless and alienating for the mothers who undertake it.

Current health promotion is derived from a view of education which Dirk (1998:2) describes as 'instrumental'. It promotes learning of information and skills that can be used by mothers to bring their practice into conformity with healthy eating standards. Unexpectedly, the learning shown by participants in this inquiry not only enabled them to develop new skills and practices but also to discern new meaning in their practice and a different relationship in society. Their learning, showed several different characteristics of transformative learning: critical reflection (Freire, 1972, Mezirow, 1991) enabled mothers to recognise that their treatment by schools meant that their work was not valued and they did not count in the system. Through Individuation (Boyd and Myers, 1988) they discerned family feeding practice as a means of transforming reciprocal participation with their children and others in community so as to create the bonding social capital they valued; more socially just relationships; and a new positive self-regard. It led to empowered practice that bore the characteristics of meaningful work: social purpose; moral correctness; achievement-related pleasure; autonomy; recognition, and positive relationships (Morin, 2004).

This study shows that mothers' empowered practice of feeding the family can fulfil the inherent potential of work, which is to become a means of realizing meaning and one's self through it (Morin, 2004, Lips-Wiersma and Morris, 2009). Work has a spiritual dimension as well as a productive function (Dirkx, 2013) which in this study was revealed as the spirit of motherhood which animates participation to create new and more fulfilling relationships.

The unique contribution of this study to health promotion is to highlight the salutogenic potential in mothers' practice of feeding the family when its spiritual function is promoted through transformative learning experiences. In our broken society (Thorp and Kennedy, 2010) the work of mothers which has potential to draw people together and animate positive participation should be highly valued and it is needed now more than ever. Mothers' newly learned practice of participation transformed an alienating environment into an experience of true community in which the group shared their resources and acted for the benefit of all. This was not a planned outcome, but emerged as a natural consequence of transformative learning, and in so doing, reveals the potential of the co-operative process to be a means of community health development.

Methodological Learning in respect to Co-operative Inquiry

Presentation of the methods and limitations of the co-operative inquiry as a means of research have already been outlined and critiqued in the methods chapter. Looking back now, a unique contribution this study makes is its development and use of method to empower participation and build community. The Investigative Method of Reflection enabled participants to come together to create and tell a story about practice that expressed their perspective in a way that would otherwise not be known. The process will be of use to participants of future studies who might lack the skill and confidence to reflect openly or talk publicly of them, especially if to do this contravenes community norms of silence.

In addition, this study presents a simple method by which a highly theoretical concept of reality change as a process can be achieved in practice. Heron describes a 'reality creating reversal learning cycle' (1992:247) as necessarily beginning with an unlearning of the reality that currently makes sense of practice. The 'Living Method of Participation' developed in this study, is to my knowledge the first time these change principles have been developed into a step by step practice of empowering participation in an alienated community. The additional novelty of this method lies in its explicit recognition of empowerment as a mutually reciprocal way of creating socially just knowledge

of one self in relation to others, so as to come to know oneself and others as persons in a socially just way. There is an assumption in many health promotion activities, that empowerment follows didactic learning or even consultation; which essentially are external and top down approaches to bring about change. Empowering participation in this study however is shown to emanate outwards into structural relationships from changed personal relationships.

Contribution to Health and Community Development

This study offers insight into an assumptive lens that in my experience is part and parcel of public health. I am a health professional with an interest in child obesity, and although I had adopted a new paradigm approach: the participative standpoint, through the assumptive lens of my profession I saw mothers' practice as the 'problem' in child obesity and changes to their practice as the 'remedy'. The onus of responsibility for change in practice, to my prior way of thinking, lay with mothers. However, In this study, in which a mother's practice can be understood as giving meaning to her experience of the world, then what is experienced must inevitably be viewed as formative of a mother's practice. When a mother's practice is seen to be implicated in child obesity, then so is the world they have experienced and come to know. The experience of a stigmatised social identity emerged as the lived experience of deprivation for some of the mothers in the inquiry and it is a social determinant of health that is systematically distributed. Those mothers who experience it are denied access to the essential health resource of self-esteem, putting their and their children's health at risk. Since social identity is a social product, this study shows that empowerment of mothers to have more self-esteem requires society to make changes to the way it views, categorises and passes evaluative judgements on mothers.

This study shows that the mothers achieved a new and more empowering experience of self-in-society as they themselves became a community of practitioners. The collective model of leadership: teacher-learner which was developed by the mothers in ways that expressed what they saw as 'being fair', is a model of social justice. While participation in a society in which they felt regarded and judged in terms of productivity dehumanised the mothers, they were able to experience being more fully human persons through their own

decision to engage in mutual reciprocal relationships in which fairness and respect for each other's feelings was explicitly valued.

Community development in this study was an inseparable part of the whole person development and social identity formation by all of those involved in the project including myself as a health professional. I suggest the need for greater awareness among health practitioners that they as well as mothers may need to make changes. This can be facilitated by emphasising whole person development as a necessary part of their professional and practice development. As shown in this study, an awareness of the dynamics of their own identity formation will enable practitioners to develop patterns of social interactions with and between mothers that promote their self-esteem. In so doing, the alienating environment of deprivation can be transformed into an experience of community.

Contribution to Policy

One of the arguments of this thesis is that dominance of a scientific orientation to knowledge creation in health is epistemologically unsound and socially unjust to mothers. It had led to an understanding of deprivation based upon measurable definable factors as known to health researchers as opposed to its lived experience; and family feeding is understood and valued in terms of its productivity. Based upon this incomplete knowledge, health policy approach to action on health inequalities has also been constrained to dealing with the more tangible features of deprivation. This study brings to the attention of policy makers, insights into the lived reality of deprivation. It shows that lived experience of participation is the context through which health inequities can be socially produced and unfairly distributed through alienation and stigmatisation.

Policy makers should recognise that though it is essential to reduce the material gap between richer and poorer and between more and less affluent environments, this alone will be insufficient to reduce health inequalities. Policy needs to support the more comprehensive understanding of a mother's practice that has been developed in this study which shows it to be a means through which mothers come to know themselves in relation to society; and that a mother's practice is an expression of how she is seen and treated in society. If

family feeding practices are considered unsatisfactory by society then axiomatically the social world in which mothers have come to know and given meaning to their practice is also deficient in some way. In this study, what mothers found lacking was an understanding and respect for them and their work. It would be beneficial for policy makers to focus on developing societal perception of mothers that is more valuing of them as persons and more valuing of the effort they invest in their work. As shown in this study, mothers' work can become a means of their self-actualisation, but only when it is considered by them and by others to be of real worth to society. A mother's investment of self in her work can make it a means of animating positive family and social relationships; developing self-esteem and improving family feeding. These spiritual and salutogenic aspects of a mother's practice should be recognised and supported by policy makers.

Limitations of the Study, Ethical issues and other Learning

Ethical issues concerning practice have been discussed in the methods chapter. I faced constant ethical issues in my facilitation of the inquiry despite having given prior thought to what issues might arise and how they might be resolved. I believe now that this will always be the case for anyone making use of a co-operative inquiry strategy for any purpose other than to promote participants' learning in areas of interest to them. Discussion of my practice in the thesis does however highlight that I consistently tried to prioritise participants' wellbeing and their participation, above my use of the inquiry to generate knowledge of immediate interest to me.

Ethical issues in writing the thesis were less easy to resolve. In order to reflect on the significance of the inquiry process and its findings for health I have viewed data through a variety of theoretical lens. Carrying and presenting mothers' meanings to the world of health in ways that could be understood as relevant there, required me to cloth them in health terms and concepts that are derived from the positivist theoretical framework. I have taken some steps to limit the potential for misrepresentation of mothers' practice to the reader. In writing the thesis I have presented the inquiry as a process of learning and change so as to emphasise knowledge of practice as temporal and partial.

I have tried to present my knowledge of the mothers and of the group dynamics in a way that does not replicate a positivist approach which would fix them for the readers as being the way I knew them. I have emphasised my knowledge of participants was related to stages of development of my own capacity to establish authentic participation with them as persons, which is the only valid and socially just way of coming to know others. Ultimately this process led me to know the mothers as strong and capable women and the group as a true community.

In addition, although my planned outcome of the inquiry was to write the informative report at the end of Phase 1, which I hoped would throw light on systems that perpetuate health inequalities, I have changed the thesis so as to give equal importance to the Informative and Transformative reports. This has required me to extend my knowledge beyond my original field of child obesity risk research. Additional extensive study has enabled me to expand my own understanding of practice and its relationship to learning; identity formation and spirituality at work. This more comprehensive understanding of practice provides a more developed theoretical framework in which mothers' experiences and the meanings they attributed to them and the changes they made can be understood. In addition, it provides insights into the way in which mothers' social experience can potentially undermine health. As noted, in the methods section, the use of Co-operative Inquiry for generating information of interest to the facilitator is limited by participants own interests, and their capacity for reflection and dialogue. It will always be worthwhile for participants to engage in an inquiry as a means of experiential learning.

I would not recommend other PhD candidates to use the method in the way and in the circumstances that I have used it. Firstly I found the first phase of the inquiry stressful as I had not anticipated the enormity of the challenges to participation faced by the mothers; and the additional work required from me to facilitate it. Secondly, not only did it require much additional work to make sense of the unexpected research findings about practice, social identity and learning in the context of health; but during the inquiry I struggled to make sense of my own feelings about relationships with participants and my observation of relationships between them. Looking back now, I feel that the experience of the

difficulties were worthwhile for the transformative insights I gained about my own practice and the ways in which I could improve my own and others' experience of participation. I feel privileged to have played a part in the Inquiry which shows that a group of mothers in a deprived area who engage in experiential learning can transform their practice and their experience of community; and promote wellbeing. I would certainly recommend however, that facilitation of such projects should be jointly undertaken with another colleague to allow facilitators to debrief and together make sense of what they are experiencing.

Summary

In summary I present this thesis in the spirit in which it was undertaken. It is a pioneering work in which I have attempted to breach, even if only in small part, the domination of third party research into mothers' feeding of their families. In keeping with the participative standpoint, this thesis should not be looked upon as an end finished product: knowledge. It should be viewed instead as a small part of a process of knowledge creation that continues in the lives of me and participants through our newly developed awareness and changed perspectives.

Key recommendations of this study are for policy to recognise its bias towards a pathogenic understanding of family feeding; and to promote an understanding of its true salutogenic potential. Health and Social Research into family feeding should adopt the foundation principles of health promotion: participation, empowerment and social justice as validating principles of research with mothers. As researchers of their own practice, mothers as practitioners should be encouraged and supported to negotiate the meaning of their practice so that it becomes a meaningful job. Recognition of the spiritual as well as the productive aspects of a mother's practice of feeding the family is essential. Our broken society (Thorp and Kennedy, 2010) is now more than ever, sorely in need of the spirit of motherhood to animate participation, breach the divides of alienation and to create community.

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